United Nations A/70/PV.96

General Assembly
Seventieth session

Official Records

96th plenary meeting
Tuesday, 7 June 2016, 10 a.m.
New York

President: Mr. Lykketoft ..... (Denmark)

The meeting was called to order at 10.05 a.m.

Agenda item 35

Protracted conflicts in the GUAM area and their implications for international peace, security and development

Report of the Secretary-General (A/70/879)

Draft resolution (A/70/L.51)

The President: I now give the floor to the representative of Georgia to introduce draft resolution A/70/L.51.

Mr. Imnadze (Georgia): I have the honour to address the Assembly on behalf of my Government and in the name of my fellow countrymen — hundreds of thousands of them internally displaced persons (IDPs) or refugees from Abkhazia, Georgia, and the Tskhinvali region of Georgia — to solicit the Assembly's support for the draft resolution contained in document A/70/L.51, under agenda item 35, "Protracted conflicts in the GUAM area and their implications for international peace, security and development".

On 19 May, a 31-year-old Georgian man, Giga Otkhozoria, an IDP from Abkhazia, was shot dead by the so-called border guards on the occupation lines between the Abkhazia region and the rest of Georgia. A native of Gali, Giga had been forced to flee the conflict-affected area and lived with his family of four in a rented apartment in the town of Zugdidi. Just before the tragic event, he was trying to bring food to his relatives and to attend the funeral of his late aunt in the Gali district on the other side of the occupation line. He was refused entry and was subsequently shot dead with six bullets. This brutal murder is a sad reminder of the human costs the Georgian IDPs endure. That is why we are here today and why Georgia is submitting the draft resolution. It is also why the Assembly's engagement and international involvement are important.

Giga was one of nearly 400,000 IDPs and refugees, of all ethnicities and religions, who were uprooted from the two Georgian regions of Abkhazia and the Tskhinvali region/South Ossetia, due to the conflict and several waves of displacement since the early 1990s. In a country with a population of nearly 4 million, hundreds of thousands remain displaced and are unable to return to their homes because of circumstances entirely beyond their control. That said, according to the Office of the United Nations High Commissioner for Refugees (UNHCR) in its *Intentions Survey on Durable Solutions: Voices of Internally Displaced Persons in Georgia*", published in June 2015, the majority, 88.3 per cent of the displaced Georgian population, said they are willing to return voluntarily to their places of origin.

For more than 16 years, from 1993 to 2009, the Security Council in more than 40 resolutions, presidential statements and communiqués unanimously stressed the necessity to address "the need for a dignified return of IDPs and refugees, including their security and human rights concerns" (*resolution 1666 (2006), para. 7*). In one of its earliest resolutions on Georgia, resolution 876 (1993), the Security Council also expressed deep concern.

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> "at the human suffering caused by conflict in the region, and at reports of 'ethnic cleansing' and other serious violations of international humanitarian law" (*resolution 876 (1993), fourth preambular para.*).

For eight consecutive years, the General Assembly has been adopting a document like that before us with an increasing number of positive votes and an encouraging dynamic of support. Countries from all regions of the world have voted in favour of the text due to its human appeal and humanitarian values, such as the right to return in safety and dignity, the unacceptability of forced demographic change and the need for unimpeded humanitarian access. It transcends the case of a particular country and is universal in its terms, because the right of return is a principle drawn from the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights.

As for the implementation of the main goals of the draft resolution in practice, including the creation of conditions conducive to voluntary, safe and dignified return, the document shows its firm commitment to the Geneva international discussions mandated by the six-point ceasefire agreement of 12 August 2008, which, as Secretary-General Ban Ki-moon also underlines,

> "remain the only forum for relevant stakeholders to meet and address the issues identified in [General Assembly resolution 69/286]" (*A/70/879, para. 13*).

For that very reason, both resolution 69/286 and the subsequent report of the Secretary-General (A/70/879) serve as reference points in the Geneva international discussions and complement the work on humanitarian issues. Let me reiterate that my Government is committed to the peace talks and will remain engaged in the discussions in good faith to attain tangible results.

(*spoke in French*)

Restrictions and limitations on the freedom of movement pose serious obstacles to the exercise of the right of return. The razor-wire fences and other artificial obstacles installed by the occupation forces rip families and communities apart and violate their civil, social, economic and cultural rights. Local residents are prevented from cultivating their agricultural lands, visiting cemeteries or religious sites, and reaching emergency medical services. Locals continuously endure intimidation, and risk their lives on a daily basis when attempting to cross the occupation line in both directions. Moreover, the so-called integration treaties signed by the Russian Federation with its occupation regimes in Tskhinvali and Sukhumi, and the so-called laws on the status of foreigners recently adopted by authorities in control, have created official grounds for the ethnic discrimination against native Georgians and the violation of their rights to work and freedom of movement and to other fundamental rights. All of this represents an ongoing policy of occupation and ethnic cleansing, and constitutes part of a strategy of de facto annexation.

(*spoke in English*)

Pending their return, the Government of Georgia makes every effort to alleviate the burden and ensure decent conditions for the displaced population, in accordance with the national strategy and its relevant action plan. At the end of 2015, with the support of UNHCR through its joint project via the Mutual Recognition Agreement, the Livelihood Action Plan of 2016-2017 was adopted, providing opportunities for IDPs and their host communities to fulfil their potential by gaining financial independence from the State and becoming self-reliant. As concerns relations with our compatriots living in the occupied territories, the ethnic Abkhazians are an integral part of our common history and future. Despite the current artificial barriers, the full reintegration of all ethnicities into a vibrant society where human rights and individual freedoms, as well as cultural and linguistic diversity of different communities, is the Georgian State's top priorities.

While the Geneva international discussions address the fulfilment of all provisions of the six-point ceasefire agreement here at the General Assembly, with the draft resolution before us we focus on the humanitarian needs of the affected population by upholding and enshrining their rights until return becomes safe and a viable option. The Secretary-General also reiterates in his report that

> "the right of return and its exercise by an internally displaced person cannot therefore be directly linked to political questions or the conclusion of peace agreements. It is essential to recognize return as both a human right and a humanitarian issue that must be addressed irrespective of any solution to an underlying conflict" (*A/70/879, para. 49*).

This year, Member States embarked on implementing the 2030 Agenda for Sustainable Development (resolution 70/1), having pledged that no

one would be left behind. At the World Humanitarian Summit, held in May in Istanbul, the international community reaffirmed all five core responsibilities outlined in the Secretary-General's Agenda for Humanity (A/70/709, annex), which places people first and underlines the importance of securing their safety, upholding their dignity and providing opportunities for a better future.

The rights of the displaced should be acknowledged, reaffirmed and protected, regardless of political processes and negotiations. The draft resolution represents the case of a single country, but the issue itself is a part of the greater humanitarian crisis. Therefore, each and every Member State concerned with the current humanitarian catastrophe in the world must take a responsible decision in support of this particular humanitarian cause. We, the United Nations, have a moral responsibility to do so. Once again, voting in favour of the present draft resolution is not about taking sides between the parties, but about making the right choice by saying "yes" to the basic human rights and fundamental humanitarian values, based on the principles of humanity and international law. In that light, I urge the Assembly once again to show solidarity, support the fundamental principle of the right of return and to vote in favour of the draft resolution.

Mr. Aliyev (Azerbaijan): I have the honour to speak on behalf of the Organization for Democracy and Economic Development-GUAM and its member States: Georgia, Ukraine, the Republic of Moldova and my own country, Azerbaijan.

This year once again, the GUAM member States are presenting a joint position in support of draft resolution A/70/L.51, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia". We call upon the Member States to vote in favour of the document.

The draft resolution before us addresses the issue of protracted displacement in the GUAM area, specifically in Georgia, where hundreds of thousands of men, women and children from the Abkhazia and Tskhinvali regions have remained forcibly displaced as a result of conflict and violence since the early 1990s. As a non-political draft resolution, the text focuses solely on the humanitarian aspects of the displacement, and calls for respect of the right to return, property rights and humanitarian access to the affected regions of Georgia.

Given its exclusively humane goals, the document has steadily gained international support from the States Members of the United Nations since 2008. The GUAM countries thank the Secretary-General for his report, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia" (A/70/879). We regret that despite the calls of the international community, the conditions for organized return in safety and dignity have not yet been fulfilled. Furthermore, since the last adoption of the document on 3 June 2015 (resolution 69/286), the humanitarian situation on the ground has seriously deteriorated due to the additional impediments imposed by the authorities in control of Georgia's Abkhazia and Tskhinvali regions.

Those new discriminatory regulations on the legal status of foreigners target the ethnic Georgian population living in the occupied territories and impose new restrictions on the freedom of movement, the right to property, labour rights and the right to receive education in one's native language. They endanger the livelihoods of the remaining Georgian population in the Abkhazia and Tskhinvali regions and could potentially trigger a fresh wave of forced displacement.

In that context, we find it particularly alarming and unacceptable that the authorities in control have voiced their intention to conduct a so-called referendum in the Tshkinvali region "on accession to the Russian Federation". The situation in Georgia's occupied regions illustrates the urgency of international engagement. However, being encircled by 60 kilometres of razor-wire fences, other artificial obstacles and the so-called border signs, the Abkhazian and Tskhinvali regions remain inaccessible to the international community to this day. In that light, voting in favour of the draft resolution strengthens our joint call for unimpeded access by humanitarian actors to the displaced population and those living in the conflict-affected areas.

GUAM reiterates its firm support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders. We believe that the General international discussions are an important platform for addressing the security and humanitarian challenges in the aftermath of the August 2008 armed conflict. We appreciate the role of the United Nations

as one of the co-Chairs of the Geneva international discussions and stress the relevance of the annual reporting by the Secretary-General, pursuant to the General Assembly's resolutions, as a viable instrument for maintaining the international community's focus on the issue of the displaced. In that regard, we view the present draft resolution as an important tool to further encourage the participants in Geneva to redouble their efforts to ensure respect for human rights and address the issues within their respective mandate, including the creation of conditions conducive to a voluntary return in safety and dignity.

Forced displacement has led to a range of serious challenges in the GUAM countries. Over 60 million people in our nations have become affected by armed conflicts. We believe that the humanitarian concerns of the affected population, including internally displaced persons, should be a priority, and that the issue has to be addressed regardless of the lack of progress in the conflict-resolution process.

We also believe that the United Nations, as a universal international organization, is best placed to seek a lasting solution, while addressing the long-term needs of internally displaced persons (IDPs), such as securing their right to return. Two weeks ago, for the first time in 70 years of the history of the United Nations, the World Humanitarian Summit took place in Istanbul to address all relevant humanitarian issues and to renew our commitments to the principles of international humanitarian law. We believe that those principles should be upheld in every case and situation involving displaced populations. In that regard, the present draft resolution is an opportunity for United Nations Members to reconfirm our commitment and express support for the right of a safe and dignified return for the IDPs and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia. Therefore, the GUAM member States once again urge members to vote in favour of the draft resolution.

Ms. Murmokaitė (Lithuania): I am honoured to speak on behalf of the Baltic and Nordic States: Denmark, Estonia, Finland, Iceland, Latvia, Norway, Sweden and my own country, Lithuania. Poland and Bulgaria associate themselves with this statement.

Today the world faces the worst levels of displacement since the end of the Second World War. Over 60 million people have been forced to leave their homes as a result of armed conflict, violence and human rights violations. Within Europe, forced displacement has affected significant numbers of people, hundreds of thousands of them in Georgia. Since the beginning of the conflict in Georgia, residents of the conflict-affected areas have been deprived of their basic human rights.

Unfortunately, as highlighted by the Secretary-General's report in document A/70/879, there have been no major changes with regard to refugees or internally displaced persons exercising their right to a safe, voluntary and dignified return. Regardless of the international community's efforts, authorities in control of the occupied regions continue to deny the right of internally displaced persons and create additional impediments to the exercise of their rights. The problem has been further compounded by the continued implementation of so-called borderization measures, as well as by the introduction of new restrictions, including for local staff of international organizations in crossing the administrative boundary line.

We share the Secretary-General's call for unimpeded access for all United Nations agencies and international non-governmental organizations to the occupied regions of Georgia. Any additional obstruction of humanitarian access exacerbates their already difficult situation for the conflict-affected population and is contrary to the obligations under international humanitarian and human rights law.

The humanitarian nature of draft resolution A/70/L.51 commits us all to continue working with the international community to ensure that those who have been forcibly displaced are able to exercise their fundamental rights and freedoms, while welcoming the resumption of the Joint Incident Prevention and Response Mechanism under United Nations auspices in Gali. We would like to encourage all participants in the Geneva format of talks to continue their efforts and agree on additional steps to further strengthen the security situation and meet the humanitarian needs of conflict-affected populations, especially internally displaced persons. We take this opportunity to reiterate our firm support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders.

In conclusion, this is already the ninth year that we are taking action on a draft resolution on the status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia, and we welcome the growing support for this humanitarian cause. We believe that

the General Assembly is best placed to send a powerful signal of support to the displaced population and to the participants in the Geneva international discussions to redouble their efforts to facilitate the return process. Respecting our long-standing commitment to fundamental human rights and humanitarian principles, including the right to return, property rights and humanitarian access, this year again we will vote in favour of the draft resolution, and call on others to join us in supporting it.

Mr. Yelchenko (Ukraine): Ukraine aligns itself with the statement just delivered by the representative of Azerbaijan on behalf of the Organization for Democracy and Economic Development-GUAM and its member States, Georgia, Ukraine, Azerbaijan and the Republic of Moldova. I would also like to make several remarks in my national capacity.

There is no doubt that the refugee and displacement crisis is one of the most important issues on the agenda of the General Assembly. It has also been a long-standing one in the GUAM region. Regrettably, since 2014 this challenge has been very relevant to Ukraine. Russian aggression against my country has created about 1.7 million internally displaced persons (IDPs). It continues to destroy families and peoples' lives. Many citizens of Ukraine have been displaced twice, first from Crimea and then again from certain regions of Eastern Ukraine.

Hundreds of thousands of IDPs have been living in limbo in Georgia since the early 1990s. The Georgian Government has taken unprecedented steps to improve IDP conditions, but a lot of work remains to be done. IDPs in Georgia continue to require international assistance and attention. We stand together with Georgians in solidarity and urge all United Nations Member States to lend their full support to the document just presented, which has purely humanitarian goals.

Draft resolution A/70/L.51 is aimed at addressing the issues IDPs from Georgia face every day, and it will help them to live the life they deserve. The draft resolution is clearly of a humanitarian nature, despite many attempts to politicize its content. It recognizes the right of safe and dignified return of all internally displaced persons and refugees and their descendants, regardless of ethnicity, to their homes in Abkhazia and the Tskhinvali region of Georgia, and stresses the need to respect their property rights. Let us put aside all political differences and prove our commitment to the Charter of the United Nations and international humanitarian law.

We firmly believe that the humanitarian concerns of the affected population, including internally displaced persons, should be a priority in the present situation. I would like to reiterate Ukraine's full support for the draft resolution as well as for Georgia's sovereignty and territorial integrity. Ukraine will vote in favour, and I urge all those States that did not support the resolution last year to reconsider their position. It will be the best proof of the General Assembly's support for humanitarian principles.

The President: We have heard the last speaker in the debate on this item.

We shall now proceed to consider draft resolution A/70/L.51. Before giving the floor to speakers in explanation of vote before the voting, may I remind delegations that explanations are limited to 10 minutes and should be made by delegations from their seats.

Mr. Zagaynov (Russian Federation) (*spoke in Russian*): Our delegation is convinced that the initiative being considered today is counterproductive and politically motivated and that it will not facilitate solving the problems that are addressed in it. Its main goal is not to improve the situation of those who have been forcibly displaced. The experience of adopting similar resolutions in previous years reaffirms that it has not led to any practical results in this area. We have no doubt that behind this initiative lies the desire to divert attention from the tasks of the real work in the region and to use the rostrum of the General Assembly to advance unilateral approaches and assessments, as well as the traditional anti-Russian rhetoric.

The consideration at the United Nations of the issue addressed in draft resolution A/70/L.51 would make sense and have a real outcome if Abkhazia and South Ossetia were involved in it. While the representatives of Tskhinvali and Sukhumi have many times asked to come to the United Nations and lay out their positions to delegations of Member States, it is clear that we should not expect this to happen in the near future. The intention of the Georgian delegation is understandable. In the absence of representatives of the Abkhaz and South Ossetian parties, it is easy to lay out their own version of the sources and reasons of the situation, covering up the many harmful attempts by Tbilisi to resolve the issue by force, including the armed attack on non-combatants in Tskhinvali in August 2008.

In these conditions, the Abkhaz and South Ossetian parties have no other option but to attempt to bring to the international community, via the Russian Federation, information on the situation in the territories of the Republics and the reasons behind it. In particular, we have articulated this position in General Assembly documents, in the form of appeals by the Ministers for Foreign Affairs of Abkhazia and South Ossetia to States members of leading international organizations. We hope that the contents of these documents will be taken into account by delegations when they are formulating their position on the draft resolution under consideration.

The sponsors of the draft resolution are not troubled by the consequences for the currently frozen discussion of refugee problems in the working group on humanitarian issues of the Geneva international discussions on security and stability in the Caucasus region, where a targeted discussion really could be taking place. Once again, they are merely trying to make a place for their approach regarding the status of Abkhazia and South Ossetia. This unfortunately reaffirms that Tbilisi is still not prepared to undertake a constructive dialogue with its neighbours about the long-term settlement of the situation in the region, including the problems of refugees and internally displaced persons.

Without this, unfortunately, it is difficult to discuss Georgia's stubborn unwillingness not only to conclude a legally binding agreement with Georgia and South Ossetia in support of lasting peace and stability in the region, but even to adopt a short-term joint statement about this under the Geneva international discussions. It is the Georgian party that has for years blocked this initiative in Geneva, although the initiative supported by most participants in the discussion, including the co-Chairs. Moreover, we cannot fail to notice the strengthening of the offensive capacity of the Georgian Army and the increased number of military exercises, which in no way promote efforts to stabilize the situation in the region.

The draft resolution before us does not reflect the current realities in the region and will in no way help to resolve humanitarian issues or improve the overall situation. We propose that the Georgian delegation reject this approach and focus its efforts on the consistent reduction of tensions, restoring trust and supporting security, which would lead to an improvement of the living conditions on both sides of the border.

Taking all this into account, the delegation of the Russian Federation asks for a recorded vote on draft resolution A/70/L.51, and calls on members to vote against it. We will vote against it, and we ask other Member States to not support this politicized initiative.

Mr. Grant (Canada): Canada is pleased to once again support the draft resolution on the status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia (A/70/L.51). We are encouraged by Georgia's continued efforts in promoting, immediate, full, sustained and unimpeded access for humanitarian activities to internally displaced persons and refugees in all conflict-affected areas in Georgia. Canada calls on all participants in the Geneva discussions to intensify their efforts to establish a durable peace, commit to enhance confidence-building measures and create favourable security conditions for the voluntary, safe and unhindered return of all internally displaced persons and refugees to their homes.

Canada unreservedly supports Georgia's territorial integrity and sovereignty within its internationally recognized borders. We view the so-called partnership treaties signed between the Georgian regions of Abhkazia and South Ossetia with the Russian Federation as both illegal and illegitimate, and we call on the Russian Federation to end its interference in the region and to fully respect its Organization for Security and Co-operation in Europe commitments, in particular the 12 August 2008 ceasefire agreement and its implementing measures of 8 September 2008. Canada believes that sustainable solutions to conflicts must include respect for the human rights of all individuals, regardless of ethnic descent, faith or sexual orientation.

Canada invites all Member States to prioritize efforts to alleviate the suffering of all people affected by conflicts worldwide and to unite to intensify efforts to establish sustainable peace. Supporting the draft resolution under consideration this morning will be a valuable first step towards achieving that goal.

Mr. Rycroft (United Kingdom): The United Kingdom will vote in favour of draft resolution A/70/L.51 today. The draft resolution seeks to reaffirm the inalienable right of internationally displaced persons (IDPs) and refugees to return to their homes in a safe and dignified manner, regardless of their ethnic origin. Let me be clear — this is a humanitarian and

human rights issue and should not be linked to wider political processes.

There are over a quarter of a million registered IDPs in Georgia. Too many of them live in difficult and vulnerable conditions. We will and we must continue to call for their return home. With every year that goes by, the call must only become stronger. It is vital that the General Assembly show that it has not forgotten these people — individuals like Giga Otkhozoria, who was shot, unarmed, near a crossing point last month, as we heard earlier in the debate today. Giga was but one tragic example of the continuing human cost of this unresolved conflict. It is vital that the incident be investigated fully and that those responsible for his death be held accountable under Georgian law.

Until their return is secured, it is clear that more needs to be done to improve the lives of the men, women and children who remain internally displaced in Georgia. We hope that all sides will use the Geneva international discussions to make much needed progress on those humanitarian issues. The United Kingdom welcomes the Government of Georgia's efforts to date. Such efforts could be further improved by effectively implementing national and international legislation to help and protect the lives of IDPs. Like others, the United Kingdom calls on Russia to stop the continued borderization of the administrative boundary lines with Abkhazia and South Ossetia, which directly impedes the return of Georgians to their homes.

In closing, we hope to see the momentum and constructive approach by all sides sustained. We look forward to future meetings of the Joint Incident Prevention and Response Mechanism, which are scheduled to begin next month.

The President: The Assembly will now take a decision on draft resolution A/70/L.51, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia".

A recorded vote has been requested.

A recorded was taken.

In favour:

Albania, Andorra, Antigua and Barbuda, Australia, Austria, Azerbaijan, Belgium, Belize, Bulgaria, Canada, Central African Republic, Costa Rica, Croatia, Czech Republic, Denmark, Dominica, Estonia, Finland, France, Georgia, Germany, Greece, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, Ireland, Italy, Jamaica, Japan, Kiribati, Latvia, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malta, Marshall Islands, Mauritius, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Netherlands, New Zealand, Norway, Palau, Panama, Poland, Portugal, Republic of Moldova, Romania, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Samoa, San Marino, Saudi Arabia, Senegal, Sierra Leone, Slovakia, Slovenia, Solomon Islands, Spain, Sweden, Togo, Tonga, Trinidad and Tobago, Turkey, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Vanuatu

Against:

Armenia, Belarus, Burundi, Cuba, Democratic People's Republic of Korea, Lao People's Democratic Republic, Nauru, Nicaragua, Russian Federation, South Sudan, Sudan, Syrian Arab Republic, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe

Abstaining:

Algeria, Argentina, Bangladesh, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Cabo Verde, Cameroon, Chile, China, Colombia, Côte d'Ivoire, Cyprus, Dominican Republic, Ecuador, Egypt, El Salvador, Eritrea, Fiji, Gabon, Ghana, Grenada, Guinea, India, Indonesia, Iran (Islamic Republic of), Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Madagascar, Malaysia, Mongolia, Myanmar, Namibia, Niger, Oman, Pakistan, Papua New Guinea, Paraguay, Peru, Philippines, Qatar, Republic of Korea, Rwanda, Serbia, Singapore, Sri Lanka, Suriname, Switzerland, Thailand, the former Yugoslav Republic of Macedonia, Tunisia, United Arab Emirates, Uruguay, Uzbekistan, Zambia

Draft resolution A/70/L.51 was adopted by 76 votes to 15, with 64 abstentions (resolution 70/265).

[Subsequently, the delegations of Bahrain and Senegal informed the Secretariat that they had intened to abstain]

The President: Before giving the floor to speakers in explanation of vote on the resolution just adopted, may I remind delegations that explanations of vote are

limited to 10 minutes and should be made by delegations from their seats.

Mr. Roet (Israel): Israel welcomes the steps that the Government of Georgia has taken to improve the livelihood and socioeconomic status of internally displaced persons, which is highlighted in the Secretary-General's report (A/70/879). Israel is encouraged by the substantial progress made by the Georgian Government in the areas of developing irrigation and drinking water, roads, education, agriculture, shelter, heating and especially the provision of gas to villages. Israel also views positively Georgia's programme of engagement through cooperation that aims to build trust and confidence among divided communities. Israel supports the spirit of reconciliation through direct dialogue promoted by the Georgian Government.

Israel would like to take this opportunity to reiterate its support for and recognition of Georgia's territorial integrity. We reiterate our well-established position that the way to resolve long-standing conflict is through a negotiated, mutually agreed approach, not through unilateral actions.

Mr. Olguín Cigarroa (Chile) (*spoke in Spanish*): As in past years, Chile abstained in the voting on resolution 70/265, because we believe that it could prejudice or influence the consideration of unresolved issues under negotiation in Geneva. Chile supports the search for a peaceful and consensual solution, either through the Geneva international discussions or in another forum, that would ensure the impartiality of the process, above all by avoiding the politicization of an exclusively humanitarian situation and the establishment of a multilateral context for the consideration of items currently under mediation.

Mrs. Della Gatta (Uruguay) (*spoke in Spanish*): Uruguay firmly promotes, protects and defends human rights and international humanitarian law at the national and international levels. The defence of international law and the principles of peaceful coexistence and territorial integrity have been priorities of our foreign policy. In that regard, we reiterate our support for all the purposes and principles of the Charter of the United Nations and to the principles of international law expressed in resolution 70/265.

We note with concern the further deterioration in the human rights situation in the regions of Abkhazia and South Ossetia, and we are concerned by the increase in the number of refugees and internally displaced persons. We therefore believe it critical to step up our efforts to arrive at solutions that will enable displaced persons to return to their homes. We believe that it is vital to facilitate the conditions necessary for the United Nations system, in particular the Office of the United Nations High Commissioner for Human Rights and the United Nations Special Rapporteur on the Human Rights of Internally Displaced Persons, to travel to the regions in emergency situations. That is essential in order to arrive at long-term solutions, especially for internally displaced persons.

It is also vital to ensure the safe and unimpeded access of humanitarian personnel to the region, taking into account in particular the situation affecting women and children. We believe that all involved parties in all situations must impartially and consistently protect, strengthen and respect the norms of international humanitarian law, which are the very basis for the protection civilians.

Uruguay believes that the Geneva international discussions must continue in order to find a solution to security and stability issues and to the humanitarian situation of internally displaced persons and refugees in the region. We hope that those negotiations will conclude as soon as possible with a positive outcome for the people involved, creating conditions conducive to their voluntary return to their homes while respecting their human rights without discrimination on ethnic grounds. Uruguay accords the utmost priority to those negotiations and urges the parties involved to make every effort to ensure their success.

My delegation therefore abstained in the voting on resolution 70/265.

Mr. De Aguiar Patriota (Brazil): Brazil recognizes the territorial integrity of Georgia and expects that the dispute between Georgia and the Russian Federation can achieve a peaceful resolution in the shortest term. We express our solidarity with all victims of forced displacement in Georgia and reiterate our conviction that overcoming the challenges faced by refugees and internally displaced persons depends above all on the creation of favourable political conditions for their return and on dispelling fears of conflict resumption.

Nevertheless, Brazil, as in previous years, abstained in the voting on resolution 70/265, which has just been adopted, as from our perspective it can prejudge or influence the consideration of sensitive issues that should be addressed by the negotiations currently

taking place in Geneva. In this regard, we believe that confidence-building measures and initiatives to foster cooperation should be pursued by all parties, particularly in the framework of the Geneva process. We also urge all actors to seek lasting solutions for the situation of internally displaced persons and refugees, bearing in mind their right of return.

Finally, Brazil deplores the recent death of a Georgian citizen on the Georgian-Abkhaz contact line. It is our sincere hope that the resumption of the Joint Incident Prevention and Response Mechanism can prevent the recurrence of other tragic incidents.

The President: I give the floor to the representative of Georgia.

Mr. Imnadze (Georgia): I just wanted to thank all the delegations that voted for the principle and voted for the humanity. I deliberately do not want to engage in responding to the Russian delegation with regard to the accusations made. In that regard, I already circulated my letter some time ago and that is sufficient. I thank all representatives again who voted in favour of resolution 70/265 and in favour of humanity.

The President: May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 35?

It was so decided.

The meeting rose at 10.55 a.m.

United Nations A/70/PV.97

General Assembly

Seventieth session

Official Records

97th plenary meeting
Wednesday, 8 June 2016, 10 a.m.
New York

President: Mr. Lykketoft ..... (Denmark)

The meeting was called to order at 10.05 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

Draft resolution (A/70/L.52)

The President: I declare open the high-level meeting of the General Assembly on HIV/AIDS. This meeting is being held in accordance with resolutions 70/228 of 23 December 2015 and decision 68/555 of 30 June 2014.

I warmly welcome everyone to this high-level meeting, which will undertake a comprehensive review of the focus achieved in realizing the Declaration of Commitment on HIV/AIDs and the political declarations on HIV/AIDS of 2006 and 2011, including successes, best practices, lessons learned, obstacles and gaps, challenges and opportunities, including with regard to partnership and cooperation, the recommendations to guide and monitor the HIV/AIDS response beyond 2015; and concrete strategies for action to end the AIDS epidemic by 2030 and to promote the continued commitment and engagement of leaders to accelerate a comprehensive, universal and integrated response to HIV/AIDS.

The General Assembly has before it a draft political declaration in document A/70/L.52. Before proceeding further, I would like to inform members that action on the draft political declaration on HIV and AIDS will be taken following the opening statements.

At the outset, allow me to extend a special welcome to Ms. Loyce Maturu, representative of people living with HIV, and Mr. Ndaba Mandela, AIDS activist and grandson of the late Nelson Mandela. I also wish to sincerely thank the United Nations Programme on HIV/AIDS for its enormous support in the preparations for this meeting.

Nelson Mandela once described HIV/AIDS as the greatest danger we have faced for very many centuries and as being worse than a war. How right he was. It is hard to believe and hard to accept that some 34 million people have died from AIDS-related diseases and that 14 million children have been orphaned as a result. It is even harder to believe, and we should not accept, that in this world of incredible possibility, approximately 6,000 new HIV infections occur daily and that some 36.9 million people are living with HIV.

Today is the moment, therefore, that we collectively signal our intentions to strike out for victory, to fast-track efforts over the next five years, and to end the AIDS epidemic by 2030. It is an epidemic that undermines development, significantly impacts economic growth and can be a major concern in conflict and post-conflict situations. But most of all, it is an epidemic that haunts ordinary people, particularly in developing countries — those who are living with, at risk of and affected by HIV, as well as their families. It affects women and girls more than any other group, such as in sub-Saharan Africa, where women and girls are more

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than twice as likely to become HIV-positive than boys of the same age.

It can have tragic impacts for young people who account for more than one-third of all new HIV infections among adults, and who often have limited access to information, services and programmes that they need to protect themselves from HIV. And it greatly impacts certain key populations that are globally at higher risk of HIV, such as people who inject drugs, sex-workers, men who have sex with men, transgender people and prisoners. Over the coming days, let us be both mindful of and listen to those people.

In recent years, thanks to the political commitment of world leaders and the incredible solidarity, innovation and bravery of others, we have been making strong progress towards the goals and targets set out in 2011. But if we want to reach our 2030 goals and targets, and deliver on the political declaration that members will consider shortly, all stakeholders must now step up to the plate. We have to deliver greater global solidarity, bring more resources to bear and spend them more efficiently. We have to promote even greater collaboration and partnership, building on the many excellent initiatives created these past two decades aimed at prevention, treatment, care and support. We have to pay much greater attention to the principles of equality and inclusion, uphold all human rights and speak out against discrimination and stigma.

We have to empower women and girls, ensure that they gain access to sexual and reproductive health and reproductive rights, and that they can live their lives free from violence. We have to ensure that key populations are fully included in AIDS responses and that services are made available to them. Ultimately, we have to be accountable for the commitments we make on big stages like this one to leave no one behind and to deliver on the Sustainable Development Goals, including by securing healthy lives and well-being for all.

Ending the AIDS epidemic would be one of the greatest achievements of our lifetimes. It can be done and it must be done.

I now give the floor to His Excellency Secretary-General Ban Ki-moon.

The Secretary-General: It is a great pleasure to be here with everyone today to open this important high-level meeting on HIV/AIDS.

Ten years ago, when I took over as Secretary-General, AIDS was still devastating families, communities and nations. In many low-income countries, treatment was scarce. In 2007, only 3 million people — one-third of those in need — had access to life-saving antiretroviral drugs. We have made enormous progress. Since 2000, the global total of people receiving antiretroviral treatment doubled every three to four years, thanks to cheaper drugs, increased competition and new funding. Today, more than 17 million people are being treated, saving millions of lives and billions of dollars.

The world achieved Millennium Development Goal 6. We have halted and begun to reverse the spread of HIV/AIDS. New HIV infections have declined by 35 per cent since 2000. AIDS-related deaths have gone down by 43 per cent since 2003. I am particularly happy that new HIV infections among children are down by 56 per cent in the past 15 years. Four countries — Cuba, Thailand, Armenia and Belarus — have eliminated them completely. I hope that we will reach zero new infections among children soon.

None of this could have happened without the leadership of people living with HIV and civil society partners on the ground around the world. They believed that more equitable treatment and access was possible, and they made sure that we responded. They broke the silence and shone a light on discrimination, intolerance and stigma. They brought passion to their fight, and that passion will make the end of AIDS a reality.

Progress and investment in the AIDS response have changed the face of global health. They have strengthened health systems, social protection and community resilience. Those approaches and mechanisms are a model for meeting the many challenges that result in repeated disease outbreaks and new epidemics. But AIDS is far from over. Over the next five years, we will have a window of opportunity to radically change the trajectory of the epidemic and put an end to AIDS forever. Despite remarkable progress, if we do not act there is a danger that the epidemic will rebound in low- and middle-income countries.

The 2030 Agenda for Sustainable Development (resolution 70/1) affirms the global commitment to ending the epidemic within 15 years. Action now could avert an estimated 17.6 million new infections and 11 million premature deaths between 2016 and 2030. But we must make a radical change within the next five years if we are to achieve that goal. That requires

commitment at every level — from the global health infrastructure to all Member States, civil society organizations and non-governmental organizations, and to the Security Council, which has dealt with AIDS as a humanitarian issue and a threat to human and national security.

I call on the international community to reinforce and expand the unique, multisector, multi-actor approach of the United Nations Programme on HIV/AIDS, as an integral element of the 2030 Sustainable Development Agenda. That means making sure that we meet the annual target of $26 billion in funding, including $13 billion for the next three years, through the fifth replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. It means continued advocacy to the most vulnerable groups, and approaches that promote gender equality and empower women. It means leaving no one behind and removing punitive laws, policies and practices that violate people's dignity and human rights. It means that everyone affected must have access to comprehensive HIV services, without discrimination — young people, migrants, women and girls, sex-workers, men who have sex with men, people who inject drugs, transgender people and prisoners.

And it means that this meeting must issue a strong political declaration to galvanize the commitment that will be needed to meet that challenge. The future of people with HIV/AIDS, many of whom are children and among the most vulnerable, must be central to every decision. I thank the representatives who have been working to reach consensus on the draft declaration.

This may be my last address to the General Assembly on the subject of HIV/AIDS. This cause has moved and inspired me. Together, the most marginalized, the people left behind, the extraordinary health and social workers on the ground, UNAIDS and the Member States have shown great commitment and resolve to ending the epidemic once and for all and to leaving an AIDS-free world for future generations. The AIDS response is a source of innovation and inspiration, demonstrating what is possible when science, community activism, political leadership, passion and compassion come together. I commend everyone involved in this remarkable effort, and I wish the Assembly success in its deliberations and in ending the worldwide scourge of HIV/AIDS.

The President: I thank the Secretary-General for his statement.

It is my great pleasure, in accordance with resolution 70/228 of 23 December 2015, to now give the floor to Mr. Michel Sidibé, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Sidibé (Joint United Nations Programme on HIV/AIDS): At the outset, allow me to express my thanks to the President of the General Assembly, the co-facilitators, the Secretary-General and the representatives of Member States here today for helping us to draft one of the most important political declarations on HIV/AIDS (A/70/L.52, annex). I know it was not easy. I know it was complex, but the political declaration will certainly help us to close a door and to open a new one for ending AIDS.

I just want to begin by noting that the Charter of the United Nations begins with three powerful words: "We the peoples". I stand before the Assembly today to say that we the peoples have broken the trajectory of the HIV/AIDS epidemic. Together, we have been able to deliver on Millennium Development Goal 6. We have significantly lowered the rates of new infections and reduced AIDS-related deaths. We have delivered on the 2011 Political Declaration. I know it was not easy, because I remember that in this Hall in 2001 someone took the floor and told us that we could not give treatment to poor people, that they would not be able to fulfil the protocol, and that it would be too expensive to pay for them. Of course, treatment was then $15,000 per person per year.

But we have been able to prove them wrong. We managed to break the price; we reduced the price. Today, we are talking about a cost of less than $100 per person per year, and we have been able to put people on treatment, as the Secretary-General mentioned. We have been able to reach more than 15 million people, just as the Political Declaration requested, and we did so eight months before the designated end date. We even exceeded that goal and managed to have more than 17 million people on treatment. That achievement would never have been possible without the commitment and hard work of the Member States.

On behalf of those people whose lives were saved and whom we will never have a chance to meet, I wish to thank the Assembly for its support. I want to share the great news today. This is indeed the first time in the history of HIV/AIDS that we can say that Africa has been able to reach the tipping point. It is indeed the first time that we have more people in treatment in Africa

than are newly infected, which is just amazing. No one could have believed that would happen.

We must also pay attention to West Africa and Central Africa. West Africa and Central Africa, unfortunately, have been left behind. We need to ensure that political leaders will mobilize energy in West Africa and Central Africa to triple the treatment initiation rate within three years. It is important that we do not have a two-speed approach on the continent. It is also my duty today to thank to the Assembly, because it is so beautiful that our once-distant dream to end mother-to-child transmission and to have an AIDS-free generation is becoming a reality.

At the beginning of the year, Cuba announced that it had eliminated transmission from mother to child. Yesterday, the World Health Organization certified that the countries of Thailand, Belarus and Armenia had also eliminated transmission from mother to child. Who could have believed that we could have generations born free of HIV? Today, it is a success story, because I can affirm that many other countries will follow. Just four years ago, South Africa had more than 58,000 babies born every year with HIV; today, it has fewer than 6,000 babies born with HIV. More than 80 countries today have been able to demonstrate that they will soon achieve this goal because they have fewer than 50 babies born every year with HIV. While over a decade ago, fewer than 10 per cent of pregnant women living with HIV were on antiretroviral treatment. Today, with the Assembly's collective effort, more than 77 per cent of those mothers are on the treatment.

I just want to reiterate that we the peoples made this commitment together, and we delivered this result together. It was not a few of us; it was not some of us. The United Nations must always represent all of us. Certainly, this effort was not just about giving treatment to millions of people; it was not just about giving pills. It was about restoring dignity to people. It was about fighting against social injustice. It was about ensuring that equity would be in every single place. One by one, we are breaking the bonds of stigma, discrimination, prejudice and exclusion. We should work to ensure that no one — I said no one — is left behind because of who they are or who they love. This includes prisoners, migrant populations, people with disabilities, men who have sex with men, people who use drugs, sex workers and transgender people. The doors of the United Nations should be open to all. Indeed, we cannot afford to silence their voices as we come together to chart a course towards ending the AIDS epidemic.

Let us not forget, and I repeat, that we are the peoples. The rights to health and dignity must be universal, as enshrined in the Charter of the United Nations. The AIDS response has always been about partnership, solidarity, innovation and social transformation. AIDS has demonstrated the power of integration with tuberculosis, hepatitis, with maternal health and child health, with sexual reproductive health, with cervical cancer and rights, and we have produced an unprecedented result with the support of the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria; the United States President's Emergency Plan for AIDS Relief; and every one here. Some 8.8 million deaths have been averted.

But those results and gains are fragile. Women are being raped, exploited and infected at the same rate as 20 years ago. Adolescent girls especially remain shockingly vulnerable. Stigma and discrimination continue to push people into the shadows and prevent them from accessing lifesaving services. We need a prevention revolution with the young people at the centre. At a time when 62 people — I said 62 people — own as much as the poor half of the world's population, it is unacceptable that we will leave 20 million people dying because they will not have access to treatment.

AIDS is not over, but it can be. The next five years will be critical. We have to get countries on the fast track. We have to achieve 90-90-90. We should normalize testing and reach every one of the 19 million people who do not know their status. We have to frontload our investment. If we do not act now to break the backbone of the epidemic once and for all, the world will never forgive us for the consequences of our complacency. We can do it, we must do it, we the people.

The President: I thank the Executive Director of the Joint United Nations Programme on HIV/AIDS for his statement.

Pursuant to paragraph 2 (b) of resolution 70/228, I now give the floor to Ms. Loyce Maturu from Zimbabwe.

Ms. Maturu: I thank you, Sir, for your kind invitation for me to speak here today. Let me just start by saying, as I stand here today, that I am truly humbled to address this important gathering on behalf of my peers.

Let me start by briefly sharing my background and my story growing up with HIV. In 2002, when I was 10 years old, I lost my mother and my younger brother in the same way, due to HIV and tuberculosis. That was the most painful moment for me, as those were the people who were close to my heart. In 2004, when I was 12 years old, I got really sick, and I stopped going to school for some months. One of my aunts whom I was staying with went with me to the clinic, and I was informed that I had HIV and tuberculosis. Learning that was the most depressing moment for me. I cried, and I thought I was going to die, but here I am today.

I had a long journey after losing my mother and my younger brother. In 2010, I faced a lot of emotional and verbal abuse from one of my family members, and I tried killing myself by taking all of the medication that I had, because I could not contain the situation. I was admitted to the hospital, and when I was discharged I got massive counselling from an organization called Africaid Zvandiri back in Zimbabwe. I said to myself, "If I am going to live in this world again, I want to share my story growing up with HIV, and I want to make sure that adolescents and young people gain their confidence, are able to take their HIV medication and are able to realize their dreams and hopes for the future".

Now, every day that I live I am thankful that I am one of the 17 million people who mark the success of HIV treatment over the past years, and it shows that together, we have the greatest strength in saving more lives, like my life was saved. It shows that we are able to avert AIDS-related deaths because now I am tired of seeing adolescents dying because they are not able to take or to adhere to their HIV treatment, of seeing adolescents fail second-line and third-line treatment because there are no peer-led interventions to motivate them to take their HIV treatment daily. This makes me ask: Where is our investment going towards, as countries? Who is our priority if we are not going to leave anyone behind?

Sharing my story, I hope that it reflects the fact that adolescent girls and young women are vulnerable, at risk, and the most affected population among any other age group. There is a need for us to prioritize key populations — men who have sex with men, sex workers, people who inject drugs, prisoners and migrants — and today I call upon Governments not to exclude them.

Let me start by sharing some of the challenges that we face as adolescents and young people. Access to and availability of treatment, care and support services are not always available when we need them, and most of us are not financially stable enough to pay for the services. Yes, HIV treatment is for free, but in most clinics administrative fees have to be paid, and we cannot afford them. Ministers of Health, what does this say about us, in our HIV and AIDS progress at the country level?

Stigma is one of the biggest barriers, as it affects us mentally and hinders our progress as adolescents and young people. Let me just say that in the past two weeks, I was talking with one of my peers who is an adolescent, and she was crying and very depressed because she was denied certification in what she was doing because of her HIV status, and we are here today talking about empowering adolescent girls and young women and ending AIDS.

What does my friend's scenario mean to us in the context of our progress in the fight against HIV and AIDS? We believe that if we are to accelerate ending AIDS among adolescents and young people, there is a need to invest in evidence-based adherence support interventions so that adolescents and young people are supported in adhering to treatment even in the case of pre-exposure prophylaxis. There is a need to have clear a investment strategy to support advocacy for and by adolescents and young people. More resources need to be mobilized for scaling up friendly facilities by training health-care workers on how to provide friendly treatment case services for adolescents and young people so that we can say that we will be able to end AIDS by 2030. But if this is not addressed in my generation, we will continue to see the same problem even in the next generation.

Ending AIDS for good is not just about adopting the draft political declaration (A/70/L.52, annex); it will require teamwork and being united with one agenda. Let me say that the political declaration would not be a stand-alone approach for us to end AIDS by 2030, and we will need to take advantage of the upcoming AIDS conference to start drawing up the road map to end AIDS. We know that the Global Fund to Fight AIDS, Tuberculosis and Malaria is already mobilizing financial resources for AIDS, tuberculosis and malaria for the most burdened countries, such as my country, Zimbabwe. This is the time to make sure that we have a fully funded Global Fund to end it for good.

My last words are a plea to representatives to trust and believe in adolescents and young people in their countries so as to help shape the way society thinks about and creates programmes for HIV and AIDS. We have already begun the journey towards ending AIDS, and now is the time to accelerate our efforts.

The President: I thank Ms. Maturu for her statement.

Pursuant to sub-paragraph (b) of paragraph 2 of resolution 70/228, I now give the floor to Mr. Ndaba Mandela, Chairman and founder of the Africa Rising Foundation.

Mr. Mandela (Africa Rising Foundation): When I was 19, my mother died of HIV/AIDS. When I was 21, my father died of HIV/AIDS. I will never forget the day our family gathered at a press conference to tell the world why my father had died. As we gathered, a family member suggested that we say that it was tuberculosis or pneumonia, and my grandfather said: "No, we shall not do that. We shall tell the world my son died of HIV/AIDS."

My grandfather was not afraid of the truth. Nelson Mandela instead spoke out loudly and with dignity. His only surviving son, Makgatho Lewanika Mandela, had died of AIDS. Madiba was determined that his only son would not die in silence or in vain. This was the beginning of a national dialogue on AIDS in South Africa and of global action around the world. I am here today to ask the General Assembly to continue the legacy of Nelson Mandela — a legacy of unity and a legacy of leadership. I am here to ask members to ensure that all 37 million people living with HIV today can access immediate antiretroviral treatment and live full, healthy lives while they wait for a cure. The 90-90-90 by 2020 target should be the milestone for every country to reach as the world moves to end AIDS once and for all. But we will never end this epidemic by treatment alone. Today, we have the tools to stop every new HIV infection, and it is a crime that they are not being used fully and immediately.

I am here to ask all gathered here to ensure that the hundreds of millions of people at daily risk — LGBTI people, people who use drugs, sex workers, migrants, serodiscordant couples and people living with HIV — who live in silence and fear can wake up every day to good health, well-being and dignity, and that they can go to work, school or their local clinic unafraid of arrest, physical danger or discrimination simply because of who they are or who they love. I am here to ask leaders of the 35 countries that still do not allow foreigners living with HIV to enter or reside within their countries to end travel restrictions now, because the truth is that building walls or denying visas is not how we protect ourselves from HIV or end a global epidemic. Bigotry and fear do nothing but spread the virus. I am here to echo the bold call of my mentor, Michel Sidibé, to make fast-track the only track for ending AIDS in all cities, fragile communities and countries, and to make the end of AIDS the first Sustainable Development Goal that our generation achieves.

I am also here to ask each of us to take a three-pronged personal pledge to end AIDS: first, get tested for HIV and know your status; secondly, always carry at least two condoms — one for you to use without fail and another to give to someone who is not carrying one. It could save your life and it could save theirs. Finally, when you learn that a friend, relative, co-worker or neighbour is living with HIV, give them a hand up, not a cold shoulder. None of these actions costs much, but if we all do them the impact will be priceless, and that will be the best down payment on the end of AIDS.

It has been 11 years since my father passed away, and although I am older now, I still want him to be proud. I would have loved to see the look in his eyes today as I address the opening of this historical meeting in this historical place. Today, the eyes of millions living with HIV are on us. They are counting on us today as we launch this high-level meeting. They are counting on us to make an unprecedented commitment to the end of AIDS, and they are counting on us to keep our promise. Let us make history. Let us make them proud. As the great Nelson Mandela said, it is in our hands.

The President: I thank Mr. Mandela for his statement.

We have now heard the last speaker for the opening segment of the high-level meeting.

The Assembly will now turn to draft resolution A/70/L.52, entitled "Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030". In this connection, since the draft resolution has only been circulated this morning, it will be necessary to waive the relevant provision of rule 78 of the rules of procedure, which reads in part as follows:

> "As a general rule, no proposal shall be discussed or put to the vote at any meeting of the General

Assembly unless copies of it have been circulated to all delegations not later than the day preceeding the meeting."

Unless I hear any objection, I shall take it that the Assembly agrees with this proposal.

It was so decided.

The President: We shall now proceed to consider draft resolution A/70/L.52.

I give the floor to the representative of the Secretariat.

Ms. Pollard (Department for General Assembly and Conference Management): The present statement is made in accordance with rule 153 of the rules of procedure of the General Assembly. By paragraph 79 of draft resolution A/70/L.52, the General Assembly would

> "Decide to convene a High-Level Meeting on HIV and AIDS to review progress on the commitments made in the present Declaration towards ending the AIDS epidemic by 2030, and how the response, in its social, economic and political dimensions, continues to contribute optimally to progress on the 2030 Agenda for Sustainable Development and the global health goal, and decide to reach an agreement on the date for convening the next High-Level Meeting on HIV and AIDS no later than the 75th session of the General Assembly".

Pursuant to the request contained in the draft resolution, in the absence of modalities for the high-level meeting on HIV and AIDS it is not possible at present to determine the conference-servicing implications of the requirements for meetings and documentation. As the decisions on the format, scope and modalities are determined, the Secretary-General would submit the relevant costs of such requirements to the General Assembly, in accordance with rule 153 of its rules of procedure.The date of the meeting would have to be determined in consultation with the Department for General Assembly and Conference Management.

Accordingly, the adoption of draft resolution A/70/L.52 would not give rise to any financial implications under the programme budget for the biennium 2016-2017.

The President: I now give the floor to speakers in explanation of position before the adoption of draft resolution A/70/L.52. I remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Mr. Foradori (Argentina): I deliver this explanation of position on behalf of the following Member States: Albania, Australia, Austria, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Chile, Colombia, Costa Rica, Croatia, the Czech Republic, Denmark, the Dominican Republic, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Mexico, Monaco, Montenegro, the Netherlands, New Zealand, Norway, Papua New Guinea, Panama, Peru, the Philippines, Portugal, Romania, Serbia, Slovenia, Spain, Switzerland, Thailand, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay and my own country, Argentina.

We welcome the important gains achieved in addressing HIV and the AIDS epidemic. At the same time, we acknowledge the remaining critical gaps and challenges, with particular concern for all of those at risk of being left behind. We reaffirm our commitment to the full implementation of the Beijing Declaration and Platform for Action, the International Conference on Population and Development and its Programme of Action, and the outcome documents of the review conferences and of the previous political declarations on HIV and AIDS.

At this critical moment in the global response, we strongly reaffirm our commitment to ending new HIV infections and AIDS as a public health threat by 2030, including in conflict, post-conflict and other humanitarian crises. Therefore, guided by full respect for human rights and a gender-responsive approach, and through evidence-based policies and adequate investments in accordance with the political declarations, we reaffirm all human rights and fundamental freedoms for all, without distinction of any kind, and with emphasis on addressing structural inequalities and the needs and rights of people living with, at risk of and affected by HIV, including key populations and their families.

In line with the 2030 Agenda for Sustainable Development (resolution 70/1), we call for the strengthening of health systems and capacities, broad public-health measures and the promotion of well-being, committed to advancing universal health coverage; access to essential and integrated health services, diagnostic tests, monitoring and medicines for

the prevention and treatment of HIV, including those to address co-infections, co-morbidities, and sexual and reproductive health services and other related services; and ensuring social protection for people living with HIV and their caretakers, especially women and girls, who bear a disproportionate burden, and for children and young people.

We condemn all forms of discrimination, stigma and violence, including hate crimes, without distinction of any kind, perpetrated against people living with, presumed to be living with, at risk of or affected by HIV, including by strengthening legal protections and their enforcement, ensuring equality before the law and non-discrimination for all people, and by removing punitive laws, policies and practices that marginalize individuals, undermine prevention efforts, and block access to HIV- and AIDS-related services, as needed.

We reaffirm the centrality of empowering all women and girls, achieving gender equality and ending all forms of gender-based and sexual violence and harmful practices, including intimate partner violence, marital rape, sexual exploitation and trafficking, child, early and forced marriage and female genital mutilation, cognizant that without the full enjoyment of all the human rights of women and girls across a spectrum of social, cultural, economic, political and civil rights, we will be unable to put an end to AIDS.

In that context, we reiterate the importance of the role of men and boys in achieving gender equality, commit to respecting, protecting and promoting the full enjoyment of the sexual and reproductive health and rights of all, with particular attention to women, adolescent girls and key populations at higher risk of HIV infection, including the right to make decisions regarding sexuality and reproductive matters free of discrimination, coercion or violence, and the right to access comprehensive, quality, integrated and affordable sexual and reproductive health care and HIV and AIDS information, education and services, combination prevention and treatment and rights related to privacy, confidentiality and informed consent. We commit to preventing and punishing violations of those rights and all forms of coercive practices, including forced sterilization and forced abortion among women and girls living with HIV, and to providing victims with access to justice and redress.

We express grave concern that AIDS is the second-leading cause of death among adolescents globally, that HIV infection is rising among adolescent girls, and that adolescents lack adequate knowledge about how to prevent HIV and AIDS; and commit to taking concrete steps to ensure that all girls and boys complete primary and secondary education, and to scaling up the implementation of quality, comprehensive sexuality education in a manner consistent with their evolving capacities and youth-friendly sexual and reproductive health, HIV- and AIDS-related information, services and commodities, regardless of age, marital, HIV or any other status.

We commit to ensuring transparent, inclusive and strengthened accountability frameworks with the meaningful participation of civil society and other relevant stakeholders at all levels of implementation, monitoring, follow-up and review of the AIDS response, including of people living with, at risk of, and affected by HIV, key populations at higher risks of HIV, community-based, women's and youth organizations, feminist groups, human rights defenders and national human rights institutions.

We call for ensuring that reporting on progress on the AIDS response and our fulfilment of commitments made at the 2016 high-level meeting on HIV/AIDS feed into the follow-up and review of the 2030 Agenda for Sustainable Development, including in the High-level Political Forum on Sustainable Development, the Economic and Social Council and subsidiary bodies.

Mr. Morales Ojeda (Cuba) (*spoke in Spanish*): *Cuba joins the consensus in favour of the adoption of the draft political declaration on HIV and AIDS (A/70/L.52, annex)*, which aims to put us on the road to accelerating the fight against HIV and to ending the AIDS epidemic by 2030. My delegation recognizes the efforts and achievements made by many countries facing the HIV epidemic. However, we acknowledge with concern persistent problems and challenges that should be reflected more clearly and forcefully in the draft political declaration.

In that regard, the right to health must take precedence over any material, technological or intellectual property consideration. No legislation, agreement or national or international policy or practice should restrict universal access to the best available treatment for people with HIV/AIDS. It is unacceptable that price or other selfish motives should limit universal access to people who require the use of such treatment.

Cuba supports the contention that the issue of health and sexual and reproductive rights deserves our attention and supports promoting comprehensive sex education as part of the response to HIV/AIDS. Such an approach is essential in working with youth and adolescents and should include a gender perspective.

International cooperation is more important today than ever. The commitment of additional resources is required, as is the unconditional transfer of best technologies under the guidance of the World Health Organization and the Joint United Nations Programme on HIV/AIDS. The realization of the right to development should have guided the draft text. The enjoyment of this right will allow all human beings and all peoples the full exercise of their fundamental rights and freedoms, both individually and collectively. The realization of the right to development will allow for humankind's victory over HIV/AIDS and its eradication by 2030, without exclusion or discrimination.

The President: We have heard the last speaker in explanation of position.

The Assembly will now take a decision on draft resolution A/70/L.52, entitled "Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030".

May I take it that the Assembly wishes to adopt draft resolution A/70/L.52?

The draft resolution was adopted (resolution 70/266).

The President: Before giving the floor to the speakers in explanation of position on the resolution just adopted, may I remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Gunnarsson (Iceland): Iceland is pleased to have joined consensus on the Political Declaration contained in resolution 70/266 and would like to align itself to the general statement delivered by the representative of Argentina on the importance of the Political Declaration addressing sexual and reproductive health and rights, comprehensive sexuality education and other key issues for us to be effective in our fight against HIV and AIDS.

We also reiterate our commitment in the 2030 Agenda for Sustainable Development (resolution 70/1) to ending the AIDS epidemic as an imperative. We cannot accept losing our young women and men to the disease, which often occurs simply because they are unaware of how to protect themselves or do not know their status. However, we consider it necessary to put our view on record as with regard to the term "sex worker", which we believe is an incomplete reference to a key population group. In addition, it does not take into account that sex work is recognized only in a handful of countries, while a majority of countries adopt different measures to regulate the sale of sex.

Violence against women takes many forms. Recent surveys have revealed that 35 per cent of women worldwide have experienced intimate or sexual violence in their lifetime. Therefore, violence against women represents a massive and serious public health problem against which bold concrete actions should be taken, not only through the health-care system's response but also through a holistic and multisectoral approach.

One serious and yet too common form of violence against women is prostitution. Iceland qualifies all forms of prostitution — not only forced prostitution — as sexual violence. We believe that the very act of buying sex is incompatible with the dignity and worth of the human person.

Sweden was the first country, in 1999, to introduce a law criminalizing the purchase of sex by itself, with a view to protecting male and female victims of prostitution and reducing the demand. Iceland adopted the same approach in 2009. This approach also supports access for those who sell sex to commodities and health services, without accepting the demand as an inevitable.

The term "sex work" implies that selling sex has been legalized and is a normal profession just like any other work. This is not the case in a large majority of countries. The reference to work carries with it questions regarding legal rights and entitlements, such as labour rights and entitlements to unemployment benefits. In that context, it is important to recall that the Convention on the Elimination of All Forms of Discrimination against Women and the Beijing Platform for Action refer to prostitution rather than sex work.

According to the Guidance Note on HIV and Sex Work of the Joint United Nations Programme on HIV/AIDS (UNAIDS),

> "[m]any people who exchange sex for money or goods do not self-identify as sex workers and

do not seek nor have access to HIV prevention, treatment, care and support advice or services for sex workers, including in humanitarian and post-conflict settings".

When referring to sex workers there is therefore a risk that those who do not sell sex as their occupation but for other reasons, such as in emergency settings or as a survival method, are not covered by that terminology. This also undeniably excludes those forcibly sold into the sex industry. Additionally, the term "sex worker" applies only to those selling sex who are 18 years of age or older, as those younger cannot be considered to engage willingly in sex work. In fact, UNAIDS defines the sale of sex by children under the age of 18 years as sexual exploitation.

Data collected on sex work also refers to all those engaged in selling sex without differentiating by age. Studies of sex workers mostly do not disaggregate programme outcomes by age, and no accurate global estimates exist of the number of young people engaged in selling sex, although some indications are that many start selling sex well before they are 18. The term "sex workers" therefore excludes those younger than 18.

Other terminology proposed by my delegation as a compromise, such as "people who sell sex", is therefore a more complete reference to all those who are more vulnerable to HIV as a result of selling sex. This is also the terminology that UNAIDS uses when referring to both those over 18 and those under 18. It is worth noting that this terminology allows for variations between countries that use different terminology, such as "prostitution" or "sex work", and have different legal frameworks, such as my own country, which adopted the so-called Swedish approach, which criminalizes only the buyer, as it simply describes those who are engaged in the activity.

Finally, we would like to put on record that we believe that nothing in the current text gives UNAIDS a mandate to continue to advocate for the legalization of sex work. As stated in the Political Declaration, our common aim is to focus on successful, effective and equitable delivery of HIV prevention, treatment, care and support to those living with or affected by by HIV. We have seen a dramatic decrease in HIV infections among persons who sell sex in many countries that have different legal frameworks regarding the sale of sex. Advocating for one legal framework over another despite this can harm our efforts in that regard, rather than advance them.

Ms. Ali (Singapore): My delegation takes the floor in explanation of position on the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex). Singapore reaffirms its commitment to the global fight against HIV and the AIDS epidemic, as HIV/AIDS remains a serious global health concern today. We were therefore pleased to join consensus on the Political Declaration. However, Singapore would like to explain its position in respect of harm reduction, particularly in relation to paragraph 43 of the Political Declaration, which calls on Member States to consider ensuring access to such interventions as harm-reduction programmes.

Singapore believes that a wide range of approaches should be available to States, given the unique context and circumstances of drug issues in each State. We do not believe that it is appropriate or useful to attempt to privilege or prioritize specific strategies at the global level, as this paragraph does. In the Singapore context, for instance, such harm-reduction strategies as needle exchange or opiate substitution are not relevant, since we have very few cases of HIV transmission through injecting drug use.

We are also of the view that the paragraph is inaccurate in its presumption that the criminalization of drug abuse necessarily results in restricted access to anti-HIV-related services. Singapore takes a comprehensive and balanced approach in its drug policies, with targeted preventive education, effective enforcement, holistic rehabilitation and effective community partnerships to faclitate reintegration. This approach works for us and is the foundation in our efforts as part of the global community to end the AIDS epidemic.

Mr. Boehm (Canada): Canada is pleased to join others in our support for the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex). We commend the efforts of the co-facilitators and the collaborative spirit of all delegations, which helped us to arrive at consensus. We also want to thank civil society for its leadership in strongly encouraging Member States to fight hard for an agreement that was inclusive and left no one behind. We believe that, at this critical juncture in the fight against AIDS, this is an important declaration that demonstrates the global community's commitment to accelerated action to end AIDS.

The Political Declaration places human rights at its core and commits countries to clear targets with critical frontloading of support and funds from all sources. It reflects an understanding that we must empower all women and girls. For Canada that means addressing not only their sexual and reproductive health, but also their reproductive and sexual rights. It also clearly recognizes that there is insufficient access to services for key populations. Therefore, we welcome the inclusion of people who inject drugs, men who have sex with men, sex workers, transgender people and prisoners, all of whom are at significantly elevated risk of HIV infection globally.

It is essential that our response be grounded in respect for human rights and tailored to the unique needs of the key affected populations, including indigenous people. We would have wanted more. The Declaration does not include a call to end the stigma, discrimination and violence faced by other key populations, such as lesbian, gay, bisexual and transgender people globally, which we know increases their vulnerability to infection.

Canada also strongly supports evidence-based harm-reduction measures as part of an overall approach to HIV prevention and calls upon Member States to consider their implementation.

We want to recognize the value of this process and the important moment it brings us today. Since the beginning of the epidemic, community organizations have been at the forefront of the response. Canada will continue to work in close partnership with civil society and, in particular, with those who are living with and at risk of infection, so as to ensure that our collective response is informed by the realities of those most affected.

Mr. Mohamed (Sudan) (*spoke in Arabic*): At the outset, my delegation would like to thank you, Mr. President, for convening this meeting. Allow me to take this opportunity to thank the co-facilitators — the Permanent Representatives of Zambia and Switzerland — for their efforts and wise leadership during the negotiations aimed at ensuring a convergence of the views of Member States on the Political Declaration adopted today (resolution 70/266, annex).

My delegation reaffirms its commitment to all United Nations resolutions and recommendations on combating HIV/AIDS in order to achieve the internationally agreed development goals. We also stress that we are committed to providing prevention and care to all those affected, without discrimination, and to making every possible effort to halt the spread of the disease.

As members are aware, there are several matters on which delegations did not find common ground. My delegation joined the consensus overall, nevertheless, despite the fact that some of our points of view and concerns were not taken into consideration with respect to a number of issues. Therefore, my delegation would like to register its reservation to the following points.

First, there is the reference to the outcomes of the reviews of the International Conference on Population and Development, which contain the reviews of non-governmental and regional organizations, and the discussion of which did not take place at the level of intergovernmental negotiations in the General Assembly.

Secondly, the Political Declaration includes several contentious terms, such as the term "sexuality" in paragraph 61 (c). This term runs counter to both the domestic legislation of many Member States and to international law.

Thirdly, paragraph 62 (c) includes the term "comprehensive education", which effectively means comprehensive sexual education, even though there is no consensus on that term. That is the reason we did not support including it in the Declaration. It is also not part of the agreed upon and internationally recognized human rights. That term runs counter to the Charter of the United Nations, the Convention on the Rights of the Child and the legal systems of several countries.

Fourthly, we have reservations with regard to the term "key populations" in paragraph 42 and paragraph 62 (e), as it focuses on only five groups affected by the disease, even though the definition of the term differs from one place to another, especially in Africa and in particular sub-Saharan Africa. We see that populations who are at highest risk of infection, or "key populations", are women and adolescent girls. However, focusing on one group and turning a blind eye to another might jeopardize the efforts we are making to eradicate this disease. Such efforts must be in line with the new 2030 Agenda for Sustainable Development (resolution 70/1).

Fifthly, paragraph 61 (l) includes a principle that runs counter to several religions and the traditions of several societies, regardless of age or marital status.

Paragraph 61 (j) makes reference to the term "safe". We believe it is important to take into consideration all traditions and religions. My delegation would like to reiterate its position with regard to the principle of sovereignty, which is a right of every Member State in accordance with the Charter of the United Nations and international law.

Mr. Alyemany (Yemen), Vice-President, took the Chair.

In conclusion, my delegation would like the record of this meeting to reflect our positions with regard to the issues I just referred to. We renew our commitment to working to achieve the objective of ending the spread of HIV/AIDS to ensure the prosperity of all our peoples and to eradicate the epidemic by 2030 in order to fulfil the commitments we undertook in the Agenda for Sustainable Development.

Ms. Mendelson (United States of America): The United States would like to express its appreciation to the Governments of Switzerland and Zambia,and their respective Permanent Representatives to the United Nations, Mr. Jürg Lauber and Dr. Patricia Mwaba Kasese-Bota, for their exemplary efforts as co-facilitators of this United Nations High-level Meeting on ending AIDS.

The United States is pleased to align itself with the general statement made by the representative of Argentina.

The United States' commitment to ending the epidemic of AIDS cannot be overstated. In articulating that commitment, we must acknowledge the role that civil society and the non-governmental organizations community have played in this decades-long effort. We believe that this Political Declaration (resolution 70/266, annex) is a necessary step in the continuing efforts to combat HIV and AIDS, and appreciate that the international community is able today to reiterate its political will to end the epidemic. The Political Declaration, however, is far from a perfect document. We would like to point out some of our issues with the Declaration.

We continue to be committed to working with others to implement the 2030 Agenda for Sustainable Development (resolution 70/1). Together, we have made tremendous progress in the global HIV/AIDS response; however, the work is far from done, particularly for those at risk of being left behind. The language in the Political Declaration could have been stronger and more explicit on this point. The protection of human rights provides the foundation for ending the AIDS epidemic as a public health threat by 2030 — the target supported by 193 States Members of the United Nations in adopting the 2030 Agenda in September 2015. However, the language in the Political Declaration should have been stronger and more explicit on this point — the world's population deserves no less.

Despite the significant medical advances in HIV/AIDS over the past 35 years, we have not made nearly as much progress in safeguarding human rights and creating the legal and policy environments needed to prevent stigma and discrimination. That has resulted in part due to a lack of acceptance of the human rights of all persons, without distinction, and in part because we have not systemically measured stigma and discrimination, thereby limiting efforts to chart progress.

The United States remains firmly committed to ending stigma, discrimination and violence against persons living with HIV/AIDS and key populations and to help create legal and policy environments that increase their access to HIV prevention and treatment services. When any person is stigmatized, discriminated against, disrespected in the health-care setting or is subjected to violence in accessing HIV/AIDS services, the health and human dignity of everyone in that community are threatened. We need to ensure that HIV services are comprehensive and reach the most vulnerable populations. In that regard, the needs and rights of individuals living with, at risk of or affected by HIV, especially members of key populations, including men who have sex with men, transgender persons, sex workers, persons who inject drugs, and prisoners must be addressed.

To control the epidemic and, ultimately, achieve an AIDS-free generation, it is imperative that we identify, measure and change the complex dynamics driving stigma and discrimination, and encourage innovative, tailored, community-led approaches to address them for each risk group. We need to measure and change the outcomes of key population clinical cascades, specific by risk, population and location, where stigma and discrimination are key drivers limiting the ability to make progress. Without exception, all efforts to address these issues must include the populations directly affected from the outset and at every stage.

The United States also remains firmly committed to protecting the sexual and reproductive health and rights of all women. Every woman has the right to have control over and decide freely and responsibly on matters related to her sexuality, including sexual and reproductive health, free of coercion, discrimination or violence. A lack of protection of this right contributes to the alarming facts that 390,000 adolescent girls and young women are infected with HIV annually, and that girls account for three-quarters of all new HIV infections among adolescents in sub-Saharan Africa. The AIDS epidemic will not be ended by 2030 unless sexual and reproductive health and rights are protected.

The United States is committed to measures to promote access to safe, affordable, quality and efficacious medicines, diagnostics and related health technologies for HIV and other diseases, while at the same time providing important incentives for innovation through a robust intellectual property regime. In doing so, the United States continues to strive to provide the most effective tools for all populations and to reach our shared goal of ending the AIDS epidemic. We have concerns that the work of the Secretary-General's High-Level Panel on Access to Medicines, which is currently under way and is noted in the Declaration, will not achieve meaningful results.

As we have made clear through our submission of views earlier this year, among our concerns is the Panel's narrowly defined mandate, the non-transparent manner in which it was constituted and the presumption of policy incoherence. We believe the Panel has the potential to divide rather than to bring together countries, patients and stakeholders. The United States hopes that any recommendations from the Panel or the Secretary-General will not divide us, but further the goals of both access and innovation and find common ground for future work on this critical issue.

We reiterate our understanding that this non-binding document does not create rights or obligations under international law. Additionally, we note that the term "equitable" is used in multiple contexts in the Declaration. While the United States fully endorses the importance of universal access to health-care services, we must collectively avoid any unintended interpretation of the term "equitable" that implies a subjective assessment of fairness that, among other things, may lead to discriminatory practices.

The United States understands that this Declaration does not imply that States must join human rights instruments to which they are not a party, or that they must implement those instruments or any obligations under them. This Declaration does not change the current state of conventional or customary international law, nor do we understand it to recognize any rights not previously recognized or expand the scope of, or modify in any way, previously recognized rights. We furthermore understand this Declaration to be consistent with long-standing United States views regarding the International Covenant on Civil and Political Rights, including article 17, and interpret it accordingly.

The United States understands that any reaffirmation of prior documents in the Declaration applies only to those States that affirmed them initially. In supporting the Declaration, we affirm our long-standing commitment to both international development and the promotion of human rights. However, we must reiterate the concerns of the United States regarding the topic of the right to development, which are long-standing and well-known. It does not have an agreed-upon international meaning. Any related discussion needs to focus on aspects of development related to human rights, which are universal rights, held and enjoyed by all individuals and which every individual may demand from his or her own Government.

The United States remains committed to not only turning the tide on HIV/AIDS, but also on the unrelenting stigma and discrimination within the health system and community. The United States, through the President's Emergency Plan for AIDS Relief, has dramatically increased funding to support key populations and women, with comprehensive approaches to the measurement and change of stigma and discrimination and to ensure that anyone anywhere, independent of race, gender, sexual orientation, gender identity or other status, can access information and services to change the course of the HIV/AIDS pandemic.

I thank the President for this opportunity to make those important points of clarification. We ask that this statement be added to the official record of this high-level meeting. With those clarifications, we were very pleased to join the consensus on the adoption of the Political declaration to accelerate the fight against HIV and to end the AIDS epidemic by 2030.

Ms. Appleyard (Australia): The Political Declaration on HIV and AIDS (resolution 70/266, annex) is a critical

milestone in our collective fight against HIV/AIDS. We commend the co-faciliators — the Ambassadors of Switzerland and Zambia — for their efforts to bring this outcome document to consensus. Australia is pleased to adopt a declaration that updates our shared commitment to ending the AIDS epidemic by 2030 and that, importantly, sets out the actions needed States need to take to ensure an effective and equitable HIV response.

The Declaration places a human rights approach to ending HIV at its core. It recognizes the need to empower all women and girls, including as regards their sexual and reproductive health and reproductive rights, and to ensure access to services for all key populations as central to ending HIV. We are pleased to see a wider listing of key populations to include men who have sex with men, people who inject drugs, sex workers, transgender people and prisoners. Australia urges Member States to see the Declaration as a minimum starting point for efforts to end AIDS by 2030. Australia would have liked the outcome document to have gone further in referencing key populations and the particular issues they face in accessing testing, treatment and information. Australia's HIV/AIDS response is informed by epidemiological evidence and evidence of what works. There is clear evidence that engaging with, and addressing the needs of, key populations is effective in delivering high impact at a lower cost.

Like Canada, we are disappointed that the Declaration does not include a call to end the stigma, discrimination and violence faced by other key populations, such as lesbians, gays, bisexuals and transgender people globally, which we know increases their vulnerability to infection. Australia condemns any efforts to interpret HIV/AIDS transmission as a criminal issue. Criminalization perpetuates isolation and marginalization for women and girls and key populations, prevents access to treatment and support and undermines a human rights-based approach to health. We were also disappointed that sexual rights were not included. Australia supports the right of everyone to access the highest attainable standard of physical and mental health. For people living with HIV and those at risk, that encompasses universal access to HIV prevention, testing and treatment services free from stigma and discrimination.

Finally, Australia strongly appreciates the engagement of civil society in the development of the Declaration. Australia is pleased to adopt the Declaration and notes the important contribution it will make to the continuing evolution of our own national response to HIV.

Ms. Hassan (Djibouti) (*spoke in French*): My statement concerns our position with regard to the Political Declaration on HIV and AIDS: On the Fast Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, which the General Assembly has just adopted (resolution 70/266, annex). The Republic of Djibouti would like to reaffirm its full and complete commitment and its unstinting determination to pursue the implementation of efficient and non-discriminatory national policies to eliminate HIV/AIDS by 2030 and to do so in conformity with human rights universally recognized by the relevant international instruments.

The Republic of Djibouti also would like to take the opportunity afforded by the adoption of the Political Declaration on HIV and AIDS to emphasize the importance of leadership and national ownership in the fight against HIV/AIDS. Djibouti is committed to the implementation of the relevant provisions of the Political Declaration that are, on the one hand, in line both with the national laws and cultural, social and religious values of our country, and, on the other, with the approach and strategies already being deployed on a national level.

From that perspective, Djibouti welcomes the reaffirmation in paragraph 4 of the Political Declaration of the sovereign right of each country, described and recognized in the Charter of the United Nations, as well as the need of every country to be able to implement the commitments of the Declaration in line with its laws and priorities for national development in strict compliance with the different cultural, ethical and religious values that underpin each society. Therefore, Djibouti reserves its position and would like to formally state its understanding of paragraph 42 and paragraph 62 (e) of the Declaration, which claim to identify key populations in combating HIV/AIDS but which do not reflect key populations in terms of the epidemiological and social realities of many countries, including ours. It is vital for each State to be able to identify at a national level those key populations that are the most exposed to the AIDS epidemic. In fact, for the specific case of Djibouti, the key populations are women and young people, including young women.

References to sexual and reproductive health in the Political Declaration should not be interpreted as an appeal or an encouragement to women living with HIV/AIDS to interrupt their pregnancy or to stop them from conceiving children. For Djibouti, national efforts with respect to that question consist in eliminating the risks of transmission of HIV/AIDS from the mother to the infant. We call on international partners to continue to support our country in this approach, which is the correct one.

With respect to sexual and reproductive health, Djibouti, through the whole host of its relevant policies, guarantees and ensures access to sexual and reproductive health-care services for all women, in line with the commitments undertaken through the adoption of the outcome document of International Conference on Population and Development (ICPD). Moreover, for Djibouti, paragraph 14 and paragraphs 61 (b), (i) and (d) of the Declaration do not in any way mean a reinterpretation of the ICPD, and therefore cannot be interpreted as a guarantee for unconditional, uncontrolled access by young women to the means provided for women's sexual and reproductive health.

My country reiterates its commitment to continuing to spare no effort as it strives to reach the goal of eliminating HIV/AIDS before the year 2030.

Finally, my delegation requests that this explanation of position be entered into the official record of this meeting.

Mr. Deyalsingh (Trinidad and Tobago): Trinidad and Tobago wishes to congratulate the President for his leadership on this issue and thanks the co-facilitators of the negotiation for their able stewardship, which led us to the bold Declaration that we have all joined in consensus to adopt this morning (resolution 70/266, annex). As to the Political Declaration, Trinidad and Tobago believes that it generally reflects the global ambition we are striving to achieve, namely, to end the AIDS epidemic by 2030. While recognizing the importance of paragraph 4 of the Declaration, we wish to make the following explanation of position on some of the issues set forth in the document.

Consistent with national legislation, health-care services, including in relation to HIV prevention, treatment and care, are provided to all citizens of Trinidad and Tobago, including children and adolescents, with the consent of their parents or legal guardians. Additionally, while Trinidad and Tobago commends the development of new biomedical tools for the prevention of HIV, the provision of pre-exposure prophylaxis to individuals goes against our national post-exposure prophylaxis policy, which expressly states that pre-exposure prophylaxis is not offered for casual encounters. Trinidad and Tobago is of the view that this approach may give individuals a false sense of security and encourage engagement in risky behaviours, which may challenge national response efforts and the achievement of global objectives to prevent new infections and ultimately end the AIDS epidemic by our 2030 target date.

Trinidad and Tobago reiterates that it is pleased to have joined all other Member States in the adoption of the Declaration by consensus and pledges to implement the commitments made therein in accordance with national legislation, circumstances, policies and priorities, taking into account the obligations to which we are committed in the 2030 Agenda for Sustainable Development (resolution 70/1), adopted by all of us last September.

Mr. Bawazir (Indonesia): I would like to start by congratulating all delegations on their hard work, goodwill and cooperative spirit, which led us to today's adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex). The Declaration offers us a vision and guidance for our collective efforts over the next five years to end the HIV/AIDS epidemic. I would be remiss if I did not thank that the co-facilitators, Ambassador Kasese-Bota and Ambassador Lauber, for the excellent leadership with which they successfully bridged the gap between differing interests and priorities and managed to achieve consensus on this crucial document in a timely manner.

We gather here today to advance our common fight against HIV/AIDS. To date, HIV has killed more than 30 million people worldwide. In Indonesia, it is estimated that 100,000 people become infected with HIV every year. Therefore, we know exactly how serious this situation is for our country. However, the last five years have provided clear evidence that we can prevent infection, save lives and improve the quality of life for millions of people threatened infected and affected by HIV.

We fully understand that, despite the difference in approaches in the prevention and treatment of HIV/AIDS, we need to maintain our commitment to completely eliminating the perils in order to eradicate

the scourge of HIV/AIDS. We are convinced that the most effective way to end HIV/AIDS is reflected in paragraph 57 of the 2016 Political Declaration through differentiated responses to HIV/AIDS based on national ownership, priorities, drivers, vulnerabilities and aggravating factors and by focusing on affected populations. Furthermore, paragraph 42 also emphasizes that each country should define the specific populations that are key to its epidemic and response based on the local epidemiological context. In the spirit of paragraph 42, we would like to take this opportunity to make important clarifying points on our understanding of the term "key populations" as it appears in the Political Declaration.

Indonesia recognizes that key populations, as the term is used in paragraph 42 and paragraph 62 (e) of the Political Declaration, are populations at a higher risk of contracting HIV. Nevertheless Indonesia believes that this definition does not limit Indonesia's authority to define key populations or populations at greater risk of HIV infection according to its national circumstances, in line with paragraphs 42 and 57. Accordingly, Indonesia has the right to design prevention, testing and treatment programmes in due response. Given Indonesia's size and the complexity of its HIV/AIDS response, programmes designed to contain HIV/AIDS using only one approach or reaching only one segment of the population does not represent the factual situation on the ground in Indonesia.

We would now like to make some additional points with regard to paragraph 39. To a certain extent, Indonesia supports the promotion of risk-reducing behaviour as a means to prevent the spread of HIV, but we need to remain cognizant of the fact that risk reduction does not imply that risks may be eliminated entirely. We need to take a step beyond risk reduction. In our view, to truly stop the HIV/AIDS virus in its tracks, measures that encourage risk-avoidance behaviour are required, as they are a far more effective way to guarantee non-transmission of the HIV/AIDS virus.

Let us not forget that evidence shows that sexual contact is the most common route of HIV transmission. Ending HIV will be possible only if we can avoid exposing ourselves to the modes of transmission. Indonesia continues to hold the view that risk-avoidance measures, including abstinence and fidelity, are the most effective measures for preventing the spread and bringing about the end of HIV, as enshrined in the 2011 Political Declaration. It is not only safe and effective, it is also in line with our cultural, religious and moral values. Important inroads have been made through this approach to reverse the spread of the epidemic globally, and it is important to continue the efforts on the ground. Unfortunately, the same language has not been retained in the 2016 Political Declaration.

Any reference made to adolescence in the Political Declaration shall be interpreted as a reference to children, and any rights and responsibilities granted or imposed will take into account the role of the parents.

Last but not least, Indonesia is concerned about the term "people who use drugs", since the term has a different meaning from the agreed term "people who inject drugs". The use of the former term may shift our focus from prevention, treatment and care programmes in a way that runs counter to the evidence and testimony that shows that people who inject drugs are among the so-called key populations.

We are of the position that the the language I mentioned and terms in the 2016 Political Declaration should not serve as precedent for future decisions and actions in other forms. The Assembly may rest assured that we will continue to be actively engaged in health issues as we pursue the attainment of the highest standard of health and well-being for all. We are committed to accelerating the fight against HIV in order to bring about the end of the AIDS epidemic. We therefore call for international cooperation in that regard.

Mr. Salman (Egypt) (*spoke in Arabic*): Egypt would like to thank the co-facilitators of the international consultations, the representatives of Switzerland and Zambia, who expended much effort in reaching consensus on the Political Declaration just adopted (resolution 70/266, annex).

My country joined the consensus on the 2016 Political Declaration to Declaration to respond to and end the HIV/AIDS epidemic by 2030, although it contains some controversial points that do not enjoy consensus among all States on account of social, cultural and religious diversity and different values across countries.

My country is determined to move forward in implementing those commitments as part of the international and regional strategy to speed up efforts to combat HIV/AIDS, prevent the outbreak of new HIV cases and ensure that all members of society receive

treatment on a non-discriminatory basis. On the latter, my country would like to express our reservations.

Egypt disassociates itself from the following paragraphs of the Political Declaration: paragraph 42 and paragraph 62 (e) , because they refer to "key populations"; paragraphs 62 (g) and (h) , which have to do with vulnerable populations, because there is no clear definition of such populations; paragraph 61 (l) , which has to do with all types of contraception for girls, which is contrary to the cultural, social and ethical values of Egyptian society; and paragraph 61 (j) , which refers to "safe abortion", which in Egypt is carried only in accordance with national legislation and in line with our religious values.

We would like to express our concern with respect to the several terms, including "populations at high-risk", "vulnerable populations", "key populations" and "populations that epidemiological evidence shows are at higher risk of infection". We believe that the use of those terms is not in line with the values and culture of our country.

We request the Secretariat to note in the record of this meeting the reservations I have set out here.

Mr. Hassan (Islamic Republic of Iran): While it remains committed to providing as broad as possible access to care, treatment and support for people living with HIV/AIDS, the Islamic Republic of Iran is of the view that HIV/AIDS is a public health issue and that Governments are responsible for ensuring the highest attainable standards of health and well-being for all their citizens regardless of any consideration. The Political Declaration on HIV and AIDS (resolution 70/266, annex) was expected to avoid a discriminatory approach that might put public health at risk for being overly focused on exclusive populations that epidemiological evidence shows to be at higher risk of infection. It is also unacceptable that the Political Declaration altogether avoids giving a positive assessment of important risk-avoidance measures such as fidelity and abstinence.

Taking that into account, the Government of the Islamic Republic of Iran wishes to place on record its reservation to those parts of the Political Declaration that may, in one way or another, run counter to its national legal framework and the religious and cultural values of our society. Iran specifically expresses its reservations for the definition given for "key populations" in paragraph 42 and in the associated paragraph 62 (e) , as those references disregard the specific national circumstances and needs of each country. Additionally, any reference made in the Political Declaration to children and adolescents in connection with actions required shall fully take into account the roles and responsibilities of parents.

Finally, Iran expresses its serious concern that such misplaced terms as "people who use drugs" in paragraph 43 and "voluntary technology transfer on mutually agreed terms" in paragraph 64 (g) are being used in the Political Declaration in the context of HIV/AIDS.

Mr. Alamr (Saudi Arabia): I have the honour to make the following statement on behalf of the countries of the Gulf Cooperation Council (GCC).

I would first like to thank the co-facilitators, the Permanent Representatives of Zambia and Switzerland, for their tireless efforts to facilitate the consultations, which resulted in consensus on the 2016 Political Declaration on HIV and AIDS (resolution 70/266, annex), intended to fast-track a solution and end the HIV epidemic, which we have adopted today. We reiterate the principles of the Charter of the United Nations that guarantee the sovereign right of all States to implement national programmes that are in line with national legislation and in conformity with our national religious, political and cultural values.

The Group would like to express its reservations on the following paragraphs of the 2016 Political Declaration: paragraph 42 and paragraph 62 (e), which refer to "key populations"; paragraph 60 (h) and paragraph 62 (g) , which refer to "vulnerable populations", as they do not include a clear definition of such a category of the population; as well as paragraph 61 (l).

The GCC countries would also like to point to the use of the term"early marriage" in the Declaration. We believe that forced and early marriage is a crime under various international conventions and instruments, including the Convention on the Rights of the Child. Our countries also express their reservations with regard to the use of the term "sexual rights". We need to take into account of the national and regional specificities and the cultural, historic and religious traditions of each country.

We request that this statement be included in the record of this meeting.

Mr. El Haycen (Mauritania) (*spoke in Arabic*): I, too, would like to thank the two co-facilitators.

It is clear that AIDS represents a serious danger and a huge challenge that we have to face. That is why we achieved unanimity on the Political Declaration on HIV and AIDS (resolution 70/266, annex). However, it includes certain principles on which we cannot agree. That is why the Islamic Republic of Mauritania expresses its reservations about all concepts that run counter to our national legislation.

We would like our reservations to be included in the record of this meeting.

Mr. Elmajerbi (Libya) (*spoke in Arabic*): At the outset, I should like to convey my gratitude and appreciation to the facilitators, the representatives of Zambia and Switzerland, for their efforts to reach the Political Declaration on HIV and AIDS (resolution 70/266, annex), which we have just adopted. My delegation joined in the consensus on the Declaration despite contentious formulations therein that run counter to our national legislation and Mulsim traditions. We joined the consensus mindful of the need to deal with a disease that imperils the lives of millions and thwarts development efforts. Libya attaches great importance to this subject through our non-discriminatory social programme based on human rights, including the right to health as one of its main pillars. Therefore, once Libya attains stability, it will support Africa in eradicating this disease so that the continent can achieve sustainable development by 2030.

In conclusion, we express our reservations on all contentious formulations that embody the difficulties identified by the representatives of the Sudan, Djibouti, Egypt, Iran and Malaysia, as these formulations run counter to Islamic culture and our national legislation. We therefore ask that these reservations be placed on record alongside those that have been expressed by previous speakers.

Mrs. Ravilova-Borovik (Russian Federation) (*spoke in Russian*): My delegation would like to register our position with respect to the Political Declaration (resolution 70/266, annex) we have adopted today. There is no doubt of the need to step up our efforts to combat and further prevent the spread of HIV. However, it is our view that the main responsibility for protecting the population from the spread of infection lies with States. In that regard, we welcome the inclusion of a provision in the Declaration indicating that its implementation will take into account and respect the sovereign rights of Member States based on the traditions and norms existing in those countries.

We are disappointed by the fact that, unlike the 2011 Declaration, the focus of this document has shifted away from real measures that could assist countries and the international community to put an end to the epidemic by 2030, including prophylactic measures to prevent risk-taking behaviours, and towards other questions that do not enjoy the broad consensus of international support. Similarly, the text relies on concepts that are not reflected consistently or anchored in other agreed intergovernmental documents.

In this vein, my delegation would like to express its reservations to be placed on record: on the concept of harm reduction, as set forth in paragraph 43 of the Declaration; paragraphs 42 and 62 (d); the obligations to reform national legislation with respect to the infected populations, as specified in paragraphs 63 (b), 63 (e) and 63 (g); the concept of key populations, which does not enjoy international support, as contained in paragraph 62 (e); the equating of narcotics users with consumers who inject drugs, as laid out in paragraph 43; the wording on general sexual education, as used in paragraphs 61 (c) and 62 (c).

My delegation believes that these provisions will be implemented only if they are in line with our national policy, traditions and customs.

Mr. Al-Kumaim (Yemen) (*spoke in Arabic*): At the outset, I too would like to thank the co-facilitators. I to underscore the need to combat HIV/AIDS, which is apparent in the unanimous adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex). However, the Declaration includes formulations that give rise to the reservations expressed by the representatives of Libya, the Sudan, Egypt and Saudi Arabia, given that they run counter to our national legislation. As a result, we we ask that these reservations be placed on record.

The Acting President (*spoke in Arabic*) I give the floor to the Observer of the observer State of the Holy See.

Monsignor Grech (Holy See): My delegation is wholeheartedly in support of efforts to intensify our collective commitment to ending the AIDS epidemic by 2030, and to accelerate and scale up the fight against HIV internationally, which is the primary aim of the

Political Declaration on HIV and AIDS (resolution 70/266, annex). We recognize that this goal will not be achieved unless we meet the needs of those most vulnerable to infection, and especially those who continue to lack access to prevention, treatment and health-care services due to discrimination, stigmatization and poverty.

However, while discrimination and stigmatization must be combated, it is of vital importance to distinguish between policies that discriminate and stigmatize unjustly and those put in place to discourage risk-taking behaviours and to encourage responsible and healthy relationships, especially among youth. In this regard, the Holy See continues to call attention to the undeniable fact that the only safe and completely reliable method of preventing sexual transmission of HIV is abstinence before marriage and respect of mutual fidelity within marriage. The Holy See, in conformity with its nature and particular mission, especially keeping in mind the work of the Catholic Church with regard to the HIV/AIDS epidemic, wishes to express the following reservations on some of the concepts used in the Political Declaration.

Regarding the terms "sexual and reproductive health", "sexual and reproductive health-care services" and "reproductive rights", the Holy See considers these terms as applying to a holistic concept of health. The Holy See does not consider abortion, access to abortion or access to abortifacients as a dimension of those terms.

With reference to the terms "contraception", "commodities", "condom use" and any other terms regarding family-planning services and regulation of fertility concepts in the document, the Holy See reaffirms its well-known position concerning those family-planning methods that the Catholic Church considers morally acceptable and, on the other hand, family-planning services that do not respect the freedom of spouses, human dignity and the human rights of those concerned.

In relation to the first and second paragraphs of this statement of position, the Holy See reiterates its statement and reservations as set out clearly and more fully in the reports of the 1994 International Conference on Population and Development (A/CONF.171/13), the 1995 Fourth World Conference on Women (A/CONF.177/20/Rev.1) and their respective follow-up conferences. In particular, my delegation understands, in accordance with paragraph 15 of chapter I of the annex of the 1994 report of the International Conference on Population and Development, that no new rights or human rights were created; that, in accordance with paragraph 24 of chapter VII, recourse to abortion may never to be had for purposes of family planning; and that, in accordance with paragraph 25 of chapter VIII, abortion is a matter to be determined in accordance with national legislation.

With reference to "gender", the Holy See understands the term to be grounded in the biological sexual identity and difference that is male or female. Regarding the concept of "gender norms" and "gender stereotypes", the Holy See does not recognize the idea that gender is socially constructed; rather, gender recognizes the objective identity of the human person as born male or female.

With respect to "comprehensive education" or "information" on sexual and reproductive health, the Holy See reiterates the primary responsibility and the prior rights of parents when it comes to the education and upbringing of their children, as enshrined, inter alia, in the Universal Declaration of Human Rights and the Convention on the Rights of the Child. In that sense, the Holy See wishes to underline the centrality of the family, as well as the role, rights and duties of parents to educate their children.

The Holy See would kindly request that these reservations be placed on record, particularly in relation to paragraphs 14, 15, 33, 39, 41, 47, 60 (e), 60 (f), 61 (c), 61 (d), 61 (j), 61 (l), 62 (a) and 62 (c).

The Acting President (*spoke in Arabic*): We have heard the last speaker in explanation of vote after the vote.

I would like to express my sincere thanks to His Excellency Mr. Jürg Lauber, Permanent Representative of Switzerland and Her Excellency Ms. Mwaba Patricia Kasese-Bota, Permanent Representative of Zambia, who so ably and patiently conducted the discussions and complex negotiations in order to bring the informal consultations to a successful conclusion. I am sure that the members of the Assembly join me in extending to them our sincere appreciation.

Before we begin the list of speakers, I would like to turn to some organizational matters pertaining to the conduct of the plenary meetings.

In order to enable maximum participation within the limited time available, I appeal to all speakers to

limit their statements to five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. In the light of that time frame, I also appeal to speakers to deliver their statements at a reasonable pace so that interpretation into the six official United Nations languages may be provided properly. To assist speakers in managing their time, a light system has been installed at the rostrum.

Finally, in order to avoid disruption for the next speaker, I seek the cooperation of representatives in remaining in their seats after a statement has been delivered. In that connection, I invite speakers, after delivering their statements, to exit the General Assembly Hall through Room GA-200, located behind the podium, before returning to their seats.

The Assembly will now hear an address by His Excellency Mr. Roch Marc Christian Kaboré, President of Burkina Faso.

President Kaboré (*spoke in French*): Burkina Faso is honoured to participate in this high-level meeting on HIV/AIDS, which gives us the privilege of evaluating, alongside the United Nations community, the progress made in the implementation of the Political Declarations and commitments on HIV/AIDS of 2001, 2006 and 2011.

From this rostrum, I recall that we have regularly produced and conveyed to the Joint United Nations Programme on HIV/AIDS (UNAIDS) our activity reports on our response to AIDS in Burkina Faso, which identify the progress made in achieving the different indicators defined by the United Nations. In terms of coordination and leadership, our National AIDS and Sexually Transmitted Infections Council, which I chair, has held regular sessions since its establishment in 2001. We have happily shared this governance exercise in our national response to HIV with the countries of the subregion.

In 2015, the Government decided to put together a fourth document of guidelines for the national response to HIV, known as the National Strategic Framework to Combat HIV, AIDS and Sexually Transmitted Infections. Drafted to cover the period 2016-2020, the document should allow us to speed up our achievement of results in regard to prevention and management. This new tool is part of the vision of third-generation national strategic plans, as defined by UNAIDS, which focus on the priorities for interventions with clear and evident impact. The National Strategic Framework was developed with a view to implementing the UNAIDS international strategies to fast-track the effort to end the AIDS epidemic by 2030, pursuant to Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development (resolution 70/1) on the horizon, which is the new global reference point for development.

The fight against HIV, AIDS and sexually transmitted infections is a key priority of Burkina Faso's national development strategy. Concrete results include, inter alia, the maintenance of the downward trend and stabilization of HIV prevalence, the improvement of access to treatment for those living with HIV, strong leadership at the highest level of the State, and the search for innovative mechanisms to mobilize resources, especially at the national level. The significant social mobilization of stakeholders and the involvement of all development partners in the response have made a major contribution to these results. As a result, according to the 2015 report of the Joint United Nations Programme on HIV/AIDS, the prevalence rate declined from 1.2 per cent in 2011 to 0.9 per cent at the end of 2014.

In terms of prevention, efforts have been made to meet the needs of all specific groups that are vulnerable and at high risk of HIV infection. In addition to the gains made in the area of screening, priority has been given to preventing mother-to-child transmission of HIV, with a coverage rate of 98.22 per cent of health-care centres and an improvement in women's enrolment rates in such programmes, to 86.06 per cent in 2015.

We have noted a regular increase in the number of people receiving antiretroviral treatments and in the number of health-care centres providing such care to approximately 100, which have been free of charge since 2010. At the end of 2015, a total of 52,248 people living with HIV were being given antiretroviral treatment, including 49,955 adults and 2,293 children.

Legal protection efforts to combat the stigmatization of and discrimination against people living with HIV and affected persons have been maintained through enhancing their access to legal services; awareness-raising programmes on combating stigmatization and on human rights in the context of HIV; the publication and dissemination of legal and regulatory texts on HIV; and the holding of public-awareness media campaigns on the stigmatization of and discrimination against persons living with HIV.

In terms of financing the fight against HIV, AIDS and STDs, it is important to recall that the efforts made to call for the mobilization of domestic resources have been translated into an increase in State budget allocations since 2012 through the creation of a line item on financing the combat against HIV and by substantially increasing its contribution with respect to the commitments made. Indeed, funding in the State budget rose from $8 million in 2013 to $17 million in 2014.

Clear and relevant results have been obtained given the national response to HIV and the many political and strategic opportunities available; however, in spite of these gains, challenges remain that we need to take up so as to overcome this epidemic. Therefore, it is both necessary and urgent to reformulate strategies to adapt them to real needs, both for the general population and for specific vulnerable and high-risk groups, so as to ensure control of the epidemic and ensure that there is no rebound. We must also better target interventions and strengthen gender mainstreaming and the human rights component in efforts aimed at prevention, care and support.

Against that backdrop, Burkina Faso, through me, wishes to reaffirm its commitment to stepping up efforts to prevent and treat HIV in order to put an end to the AIDS epidemic by 2030. In order to do so, significant progress will need to be made in the following key areas: a reduction in the number of new infections among populations, including among women, youth and specific groups identified as centres of the HIV epidemic; the elimination of mother-to-child transmission of HIV; and the achievement of the 90-90-90 objective by 2020.

The long-term alternative for financing the national response to HIV will involve the development of innovative strategies to leverage internal resources, given that external financing continues to decline. I therefore reaffirm the commitment of my Government to maintaining and increasing, in the coming years, State budget allocations for financing the strategic national framework to fight HIV, AIDS and STDs.

I pay tribute to the great commitments made by those living with HIV, civil-society actors, researchers and all persons who day and night have dedicated themselves to combating HIV/AIDS and to protecting and supporting those persons who are infected or affected.

In closing, I reiterate my appreciation to all of the technical and financial partners that are helping us in our steadfast fight. I would like to call upon them to maintain and strengthen their support, which is vital, especially to African countries, to make it possible to put an end once and for all to the AIDS epidemic and help prevent the marginalization of our continent.

I would remind the Assembly that sub-Saharan Africa receives less than 1 per cent of the total investment in health care and that less than 2 per cent of antiretroviral medications are produced in Africa. We must therefore wage a global fight against AIDS in a context of strong international solidarity. Such efforts, combined with synergetic actions underpinned by sustained and visible political will, will ensure the success of our struggle against this scourge by 2030. May we be fully successful.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by Her Excellency Ms. Roxana Guevara, Vice-President of the Republic of Honduras.

Ms. Guevara (Honduras) (*spoke in Spanish*): Our presence at this high-level meeting on HIV/AIDS demonstrates the significance of this issue for humankind. For my country, Honduras, it is great importance because it involves a set of circumstances that influence the development of our people.

Given the importance of a response to the HIV/AIDS epidemic, our Government established a delegation with representatives of key populations affected by the epidemic, who are working hard to defend the human rights of people with HIV as well as sexual diversity.

The current situation of the HIV epidemic means that we have to act urgently and make effective efforts and well-thought-out investments in the framework of comprehensive development perspectives that will allow us to reduce drastically and in the short term new infections and deaths resulting from the epidemic, a goal set out in the Fast-Track strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

We must recognize the strategic importance of prevention in order to guarantee access to key segments of the populations that are lagging behind, with an emphasis on adolescents and young people and employing a comprehensive approach that eschews discrimination, stigmatization, homophobia, gender violence and physical abuse and violence.

Today, before the Assembly, we wish to deeply deplore and vigorously condemn the heinous assassination of Mr. Rene Martínez, a well-known leader of the LGBTI community of Honduras, a crime of a homophobic nature that occurred last Friday.

Our determination at the inter-institutional level is to make real, concrete efforts to ensure the protection of sexual diversity, thus guaranteeing full respect of human rights. The Government of Honduras ordered a complete and thorough investigation to find those responsible and apply the full weight of the law. We express our most sincere condolences to the family members and communities of sexual diversity. We appreciate the support that the United States of America has offered to my Government to help to clarify that crime. Impunity will not be tolerated.

Honduras is a country with severe resource limitations, but with a strong will to further strengthen programmes for prevention, care, treatment, support and respect for people living with HIV. We have made progress, but much remains to be done. I therefore appeal for the solidarity of the donor countries as they continue to support our efforts and programmes. We also appeal to those who, for various reasons, have withdrawn their assistance to restore it because progress on HIV at the national level is also a contribution to the international community. The fight is not an individual one; it is up to us all.

The situation of the human rights of people with HIV and of key and neglected populations who lack assistance should be a priority. Respect for their rights should be guaranteed and all forms of violence and discrimination that persist in my country should be eliminated, along with the legal barriers to their access to testing and care services, including antiretroviral treatment. We must focus on adolescents, young people and the exercise of other rights besides health services, such as the rights to work, education and decent housing. The efficient use of available resources to respond to the epidemic must focus on the key populations exposed, as well as Afro-descendants, indigenous persons, detainess, migrant and mobile populations, women and men, adolescents and youth.

I stress that the response to the HIV epidemic is not an individual task, but a task for us all, helping the various sectors and actors to join forces with the political leadership, with the support of international cooperation, to address those gaps and challenges and achieve the ultimate goal of zero new infections, zero deaths from HIV and zero discrimination through sustainable and lasting strategies to utilize and allocate resources on a permanent basis and without conditions. We must make use of diagnostic tests, strategies of comprehensive sex education, the promotion of responsible sexual behaviour, national laws that protect the live of the unborn, and comprehensive health care and antiretroviral treatment for all who need it in a timely manner and at no cost, with access to generic drugs of quality and at low cost.

I cannot close this statement without emphasizing the leadership of UNAIDS in our country as a coordinating body for political and technical dialogue at the level of Government, civil society and development partners. It is essential that the Organization continues to support the national agenda to eliminate the epidemic by 2030. I respectfully request donor countries to maintain their support to UNAIDS so that its presence in Honduras can be maintained. We acknowledge the help of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the agencies of the United States President's Emergency Plan for AIDS Relief, sponsor agencies of UNAIDS and cooperation bodies for their support to our countries, where inequality persists as a social barrier.

On behalf of Honduras, I affirm that time has run out. There is no tomorrow. Today is the day. This is the moment. We are talking about human beings; we are talking about valuable human lives. In Honduras, we value life, even the lives of those who are not yet born. I wish to share the feeling of a Honduran who lives day to day with HIV, and who is a member of our delegation. In Garifuna, she says, "*Migra jamaba wabuwua*", which means "Do not abandon us". I thank members for listening to the anguished feelings of Honduras. Ending this tragedy once and for all depends on everyone present here.

The Acting President (*spoke in Arabic*): The General Assembly will now hear a statement by His Excellency Mr. Timothy Harris, Prime Minister, Minister for Sustainable Development, National Security, People Empowerment and Constituency Empowerment of St. Kitts and Nevis.

Mr. Harris (Saint Kitts and Nevis): I am pleased to address the Assembly on behalf of the 14 States members of the Caribbean Community (CARICOM) at the United Nations. In that regard, I speak in my capacity as the CARICOM Lead Head with responsibility for

human resources, health and HIV. More than ever, CARICOM member States recognize that confronting the challenges to fast-tracking the response to HIV and AIDS collectively and in global solidarity is our best option for ending the AIDS epidemic by 2030. Moreover, we in the Caribbean aspire to be the first region in the world to get to zero. We can certainly reach that goal with the support of the global community.

Since the most recent United Nations high-level meeting on AIDS, held in June 2011, our region has made great strides. That is demonstrated by the facts that between 2006 and 2015, the HIV prevalence rate was halved from 2.2 per cent to 1.1 per cent; the estimated number of people living with HIV receiving antiretroviral therapy increased from under 5 per cent to 44 per cent; and deaths from AIDS-related causes declined from approximately 20,000 to 8,800. Our aspiration is to be the first region in the world to end mother-to-child transmission of HIV.

Those successes should not lure us into a state of complacency. The Caribbean, for all its successes, is still second to sub-Saharan Africa in its prevalence rate. The vast majority of people living with HIV are concentrated in three Caribbean countries. In those three countries, prevalence among the key risk groups, such as men who have sex with men, can be as high as 32 per cent. In many countries, data is increasingly revealing a spike in prevalence among women and girls. That trend, of course, needs to be stopped.

What are the lessons learned and how can we eliminate AIDS by 2030 in keeping with the 2030 Agenda for Sustainable Development (resolution 70/1) to which all CARICOM member States are committed? We are fortunate to enjoy the global and regional leadership of Joint United Nations Programme on HIV/AIDS (UNAIDS). It has demonstrated what can be achieved through a coordinated policy to fast-track the response to AIDS. We are fortunate, too, to have the Global Fund for AIDS, Tuberculosis and Malaria, without whose investments many countries like ours in CARICOM would not survive those diseases. We are particularly indebted to the United States President's Emergency Plan for AIDS Relief, among other development partners, for keeping faith in the region as a whole as we move forward towards 2030.

Like many other regions in the world, CARICOM recognizes that the 2030 Agenda for Sustainable Development (resolution 70/1) provides new perspectives, challenges and opportunities. Consequently, we are placing greater emphasis on building capacity to gather and analyse reliable disaggregated data in a timely basis to inform our policies; applying the lessons learned from the AIDS movement to strengthen our health systems and to consolidate an integrated public health response, which is so essential in this period of health emergencies of which Zika, dengue and Ebola are among the latest manifestations, as well as to address HIV and non-communicable diseases; identifying the imperative of health convergence and universal health coverage as mechanisms for effectively coordinating approaches and monitoring progress on a range of health and development issues; placing emphasis on access to affordable medicines in fulfilling the right to health, thereby maintaining the momentum of activists in the early 2000s and the call by the Global Commission on HIV and the Law for using the flexibility of the trade-related aspects of intellectual property rights to achieve this end.

In this regard, it is worth mentioning that through the initiative of CARICOM Ministers of Heath with the technical assistance of UNAIDS and the Pan American Health Organization, the Caribbean was the first region in the world to negotiate and sign an agreement with six pharmaceutical companies in 2002 in Barcelona. This reduced the price of drugs by between 85 and 90 per cent. It started a process in collaboration with the Clinton Foundation, leading to a dramatic increase in the number of people on HIV treatment in low and middle-income countries with very significant cost savings, estimated at $325 billion to date. Yes, the Caribbean takes credit for being a catalyst in this venture and is pleased to note that the Secretary-General has appointed a high-level panel to look at the challenges of access to medicines. We look forward to the outcome of its work.

On behalf of the Caribbean Community, I join in solidarity with representatives from across the world in commending the Assembly and the co-facilitators who were appointed for the negotiation of the bold Political Declaration (resolution 70/266, annex) that has been adopted at this meeting. These sentiments were echoed at a breakfast caucus of representatives from our region only this morning.

As we move forward, we recognize that the Political Declaration from this high-level meeting provides useful guidelines. We realize too, that these global guidelines are most effective if we take into

consideration the special cultural, political, social and economic circumstances of the regional and national communities to which they apply. Our approach includes, among other elements, an emphasis on the health of women, girls and adolescents in the Every Caribbean Woman Every Caribbean Girl Initiative and complementarity between the Pan-Caribbean Partnership against HIV/AIDS and the Caribbean Public Health Agency.

CARICOM countries are making every effort to achieve the level of financial sustainability required to achieve the targets for ending AIDS. Nevertheless, we will continue to advocate against the insidious classification based on gross domestic product only. We call for greater access to concessional funding for HIV and other development areas. We take this view because such a classification fails to include other conditions and vulnerabilities that impede small economies like our own and those of other small island developing States. In this vein, we call on the international community, in particular development partners, to safeguard access to special funding and financing for middle-income countries, in particular those in the Caribbean, as we work to maintain the gains of our HIV response and commit to accelerating action towards ending AIDS by 2030.

In closing, on behalf of my fellow CARICOM Heads of Government, in thanking the Secretary-General for his leadership, which extends beyond this High-level Meeting, we in the Caribbean pledge our support for the Political Declaration to be implemented in accordance with our national circumstances and priorities. We acknowledge that it is part of a legacy to the world order, as well as a significant commitment to promoting the health and well-being of all of our citizens.

The President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Barnabas Sibusiso Dlamini, Prime Minister of the Kingdom of Swaziland.

Mr. Dlamini (Swaziland): The Kingdom of Swaziland is pleased to participate in this high-level meeting on ending AIDS, and proud to have been a signatory to all global declarations for HIV from the first in 2001 to 2011. We thank the regional clusters, and for our part the African Union, which has advocated for the continuation of high-level commitments to HIV and AIDS as a priority in the global agenda. These endeavours have culminated in a common African position to this high-level meeting on ending AIDS.

Allow me to join the other Heads of States in applauding the unanimous adoption of the Sustainable Development Goals (SDGs) last year. It is important to acknowledge that the SDGs mainstream HIV, as it features prominently in five of the Goals. The 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to end the AIDS Epidemic by 2030 (resolution 70/266, annex) in the age of sustainable development comes at a time when, while acknowledging the major successes in the HIV response, we commit fully to the new Declaration and the next steps.

Swaziland subscribes to the global agenda to end AIDS by 2030. In fact, we aim to end AIDS in the Kingdom of Swaziland by 2022. That means accelerating to reach our targets in reducing new HIV infections, in the roll-out of treatment and in the elimination of all forms of HIV stigma and discrimination. This will require a greater involvement of people living with HIV and of men as strategic partners for HIV prevention and treatment. We must create safety nets that address the vulnerabilities faced by young women and girls. HIV treatment needs to be extended beyond the health system and people who are living with HIV by strengthening the role of communities. This will improve adherence to lifelong treatment, create efficiencies in service delivery and reduce new infections. I recognize the need to frontload the midterm costs for the HIV and AIDS response. While the Kingdom of Swaziland remains committed to financing the response, we also encourage global development forums to prioritize discussions about sustainable financing for HIV and AIDS.

The agenda for ending AIDS by 2030 will be accomplished through the identification and improved collaboration within regional blocs. This will create efficiencies in pool procurement, HIV research and technology thereby reducing costs and promoting sustainable regional HIV response. I would like to conclude by echoing that the Kingdom of Swaziland remains committed to the global and regional agenda to end AIDS.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Ruhakana Rugunda, Prime Minister of the Republic of Uganda.

Mr. Rugunda (Uganda): I am here representing President Museveni of Uganda, who would have wanted to be present, but due to other engagements, he could not be. The subject of combating HIV/AIDS is a top priority for him. His leadership on the matter started in the late 1980s and continues to bear fruit today. This high-level meeting of the General Assembly to adopt the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex) is timely and urgent and deserves our total support.

The Government of Uganda — working with development partners, the private sector, civil society, religious and cultural leaders and communities — has made significant strides in combating the HIV and AIDS epidemic since the last high-level meeting in 2011. The focus of Uganda's national AIDS response has been to implement high-impact structural, behavioural and biomedical interventions on a scale and intensity sufficient to achieve HIV epidemic control. The implementation of these interventions has led to a reduction in the number of new HIV infections among adults and children, reduction in AIDS-related mortality and improved quality of life among HIV infected individuals. By way of illustration, I would like to share the following details.

Data from the Ministry of Health in Uganda indicate that by the end of 2015, the number of new HIV infections had declined from a peak of 162,000 in 2011 to 83,265. The country is also on the verge of eliminating mother to-child HIV transmission. The prevalence among HIV-exposed infants fell from 19 per cent in 2007 to 9 per cent in 2012, 4.6 per cent in 2013 and 3 per cent by the end of 2015. Accordingly, the number of new infections among children aged zero to 14 years declined from a peak of 31,000 in 2010 to 3,000 at the end of 2015.

The number of people accessing antiretroviral therapy increased from 588,000 at the end of December 2013 to 834,000 in December 2015. There has been an increase in the number of children accessing antiretroviral therapy from 43,000 in December 2013 to 60,000, which is 62 per cent of the estimated 96,000 in need as of December 2015. Consequently, the number of AIDS-related deaths declined from 63,000 in 2011 to 28,000 in December 2015.

An in-depth statistical analysis indicates that Uganda is making steady progress towards the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets, as illustrated by the following data. First of all, as of December 2015, 945,000 of the estimated 1.4 million HIV-infected population had been diagnosed and linked to care. Secondly, of the 945,000 diagnosed and linked to care, 834,000, which is 88 per cent, were on antiretroviral therapy. Thirdly, based on the viral load testing data, 88 per cent of those on treatment achieved viral load suppression. The Uganda population HIV impact assessment survey, which will commence in July, will provide us with better and current estimates of the number of people infected with HIV, and thereby with a better estimate of the first 90 target.

Despite these achievements, challenges remain that must be overcome in order to fast track the response. For instance, only 55 per cent of Ugandans have ever been tested for HIV. Forty-three per cent of those eligible for antiretroviral therapy are not on treatment. There are limited programmes targeting adolescents and young people and inadequate data for planning for these populations. The response is highly affected by the declining global financing for HIV and AIDS. There is limited domestic funding for sustaining the gains achieved, and stigma and discrimination still exist.

Despite these challenges, the Government of Uganda is striving towards zero new infections, zero HIV-related mortality and morbidity, and zero discrimination by, first, strengthening the adolescent HIV and AIDS programmes to reduce the number of new youth and adult HIV infections by 70 per cent and the number of new pediatric HIV infections by 95 per cent, which is the target for the year 2020; secondly, decreasing HIV-associated morbidity and mortality by 70 per cent by adopting a test-and-treat policy in line with the World Health Organization 2015 guidelines and achieving and maintaining 90 per cent viral suppression by 2020; thirdly, ensuring sustained financing for the HIV and AIDS response through legislation that established the AIDS Trust Fund with a clear accountability framework; and fourthly, upholding human rights during the implementation of interventions without discrimination against key vulnerable populations.

In conclusion, Uganda joins Member States in committing to implement the targets set by UNAIDS and reporting on the 90-90-90 targets. We also stand by the common African position at this high-level meeting, which includes advocating for 95-95-95 targets by 2030

and supporting a political declaration that commits to the bold strategies that aim to end the AIDS epidemic as a public health threat by 2030.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Mothetjoa Metsing, Deputy Prime Minister of the Kingdom of Lesotho.

Mr. Metsing (Lesotho): At the outset, let me congratulate Mr. Lykketoft on convening this important and timely meeting, which presents a monumental opportunity for us not only to review progress achieved so far in realizing the Declaration of Commitment on HIV/AIDS, but also to chart a united global response to AIDS, and thereby fast-track the end of the epidemic by 2030.

My delegation wishes to align itself with the statements that will be delivered on behalf of the Group of African States and the Southern African Development Community.

Lesotho has one of the world's highest adult HIV prevalences, at 23 per cent. There are an estimated 52 new infections and 26 deaths due to AIDS each day. An estimated 19,000 children and 300,000 adults are living with HIV in Lesotho. The epidemic has a significant gender bias, with a prevalence rate of 26.7 per cent for women and 18 per cent for men. Although the HIV epidemic has been stable over the years, there has been no significant change in the national adult HIV prevalence since 2005. New HIV infections are still very high, at 17,000 annually, and the challenge is that they surpass the number of HIV-positive clients newly enrolled on antitretroviral therapy.

Lesotho is one of the countries with the world's highest per capita tuberculosis case incidence, at 103 per 100,000, according to the World Health Organization (WHO) *Global Tuberculosis Report 2014*. In 2014 alone, 9,780 new cases of tuberculosis were reported — 47 per cent male, 53 per cent female. Lesotho has the second highest tuberculosis/HIV-positive prevalence. The level is too high to realize the set targets. Although there has been a decline of HIV incidence, the level is still too high to realize the set targets of 90-90-90.

The Government established an AIDS control programme in 2002, and since then its HIV and tuberculosis programmes have repeatedly been scaled up. The proportion of women and men who have been tested for HIV is 84 per cent and 63 per cent, respectively. Forty-one per cent of adults and 57 per cent of children living with HIV were accessing treatment in 2014. Other services that have been scaled up include prevention of mother-to-child transmission of HIV, with 74 per cent of women accessing the services.

Lesotho has also adopted and rolled out the WHO 2015 HIV testing services and HIV prevention, care and treatment guidelines. The Right Honourable Prime Minister of Lesotho, Mr. Pakalitha Mosisili, launched the test-and-treat strategy on 14 April, and the national roll-out was on 1 June, which was last week. The Government, through the Ministry of Health, wants to be more pragmatic in HIV testing services — that is, it is not about just testing everybody, but it is about testing where the yield will be high and identify the number of positive cases.

It is indeed gratifying to note that the Political Declaration adopted at this high-level meeting (resolution 70/266, annex) affirms the global endorsement of the 90-90-90 target, and I specifically note that it extends to children and adolescents living with HIV. We also appreciated the fact that ending pediatric AIDS has been recognized as a major global health priority in the Political Declaration, and that the Declaration has taken on board issues concerning children's and adolescents' timely and ready access to HIV testing, treatment, care and prevention services.

The Joint United Nations Programme on HIV/AIDS should ensure that all partners and initiatives at raising various aspects of HIV treatment are effectively coordinated at the global, regional and national levels in order to ensure coherence, standardized measurements for age-disaggregated data, avoidance of duplication and thereby maximizing their impact.

As a country, we are focusing on an innovative targeted, community-based HIV testing services approach. Our aim is to reach key populations, such as men having sex with men, sex workers, migrant populations, prisoners, tuberculosis patients and people with disability, to mention but a few. The Government has set itself a target aligned to the fast-track strategy of achieving the 90-90-90 targets by 2020, that is, 90 per cent of all people with HIV infection are diagnosed, 90 per cent of all those diagnosed receive sustained antiretroviral therapy, and 90 per cent of all people receiving antiretroviral therapy have their viral load suppressed. Moreover, the proper execution of the

revised HIV/AIDS national strategic plan will help us meet our national and global commitments.

As we fast-track our efforts and investment in the coming five years towards ending AIDS as a public health threat by 2030, it is critical that we leave no one behind. As a country, I believe that we can and must do more to reach the most affected populations of our society. With the launch of test-and-treat we are on the right path. However, test-and-treat is not enough. We need to urgently close the gap on new infections that occur daily among the key populations, especially young girls, factory workers, sex workers and men having sex with men.

It is evident that domestic resources are seldom available for reaching key populations. In spite of overwhelming evidence of the high burden and risk faced by them, the global community therefore must not allow these populations to be left behind. Investment for key populations must be increased, and innovative funding methods or models be explored. Reaching the most affected populations of our society must continue to be the hallmark of our global response if we are to achieve our goal. As we look towards the post-2015 era and the new Sustainable Development Goals, there are important lessons learned that we must take forward from the HIV response. Ending HIV and AIDS as a public health threat is not an option, but a must. It can be and must be achieved in our lifetimes. Business as usual is not an option.

The Acting President (*spoke in Arabic*): The Assembly will now hear an address by His Excellency Mr. Paul Biyoghé Mba, Deputy Prime Minister of the Gabonese Republic.

Mr. Biyoghé Mba (Gabon) (*spoke in French*): At the outset, I wish to convey the warm greetings of the President of the Gabonese Republic, His Excellency Ali Bongo Ondimba, who has granted me the honour of representing him at this high-level meeting. These meetings are effectively an opportunity to take stock of the progress made and the difficulties encountered in our efforts to combat this global health and development problem. That is why I would like to express my deep appreciation to His Excellency Mr. Mogens Lykketoft, President of the General Assembly, for taking the initiative to organize this important meeting.

Five years after the adoption of the 2011 Political Declaration, the time has naturally come to take stock. All together, we must learn from our past experiences and define priorities for the future in the context of the Sustainable Development Goals. Since the first case of AIDS in Gabon was declared in 1986, the Government of my country has been firmly committed to the fight against this pandemic — which is one of its priorities for action — in particular through the establishment of a therapeutic solidarity fund to enable infected persons to receive antiretroviral treatment free of charge.

Similarly, in the context of the implementation of the 2011 Declaration, my country, Gabon, has taken significant steps, including by providing free screening, comprehensive care for pregnant women and universal health insurance for laboratory tests and opportunistic infections. In Africa, HIV remains a major threat to public health, as do malaria and non-communicable diseases. It affects our families, our sons, our daughters — all segments of society — without distinction.

Gabon is not immune to its many devastating effects, despite the combined efforts of the Government, civil society organizations, faith-based organizations and the private sector, and the involvement of people living with HIV. The establishment of strategies at the national level is enhanced by my country's active support for all declarations adopted by the international community on this scourge. In Gabon, despite the tremendous efforts made, the fight against HIV/AIDS is far from being won. We must further strengthen our response. The average rate of prevalence of 4.1 per cent that prevailed in 2012 appears to be on the rise since. The HIV prevalence rate of the female population is 5.8 per cent, compared with 2.2 per cent for men.

The acceleration of the response to HIV/AIDS requires a greater mobilization by all. This mobilization should entail, in particular, new forms of stronger partnerships and predictable and sustainable financing mechanisms adapted to the realities on the ground. The economic and financial crisis that the world is facing today has a significant impact on developing countries and thus undermines their capacity to effectively fight against the AIDS pandemic. The progress made thus far could become meaningless if certain countries, such as middle-income countries, including my country, Gabon, remain excluded from the process of international assistance.

Our goal of ending the HIV/AIDS epidemic by 2030, as rightly underscored in the report of the Secretary-General, is possible only if all countries benefit upstream from increased and diversified resources.

Since 2011, several States have achieved tangible results in the AIDS response, but that should not slow down our momentum. In Gabon, the President of the Republic, Head of State, His Excellency Ali Bongo Ondimba, believes that only a strengthened solidarity and an intense mobilization for substantial funding will consolidate gains and accelerate the response to HIV/AIDS.

The meeting rose at 1.20 p.m.

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General Assembly

Seventieth session

Official Records

98th plenary meeting
Wednesday, 8 June 2016, 3 p.m.
New York

President: Mr. Lykketoft ..... (Denmark)

In the absence of the President, Mr. Michel Tommo Monthe (Cameroon), Vice-President, took the Chair.

The meeting was called to order at 3.10 p.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

High-level meeting of the General Assembly on HIV/AIDS

The Acting President: Before giving the floor to the first speaker, I should like to request representatives to refrain from taking pictures in the General Assembly Hall. Official photographs of all the speakers are taken by the Department of Public Information. Representatives interested in obtaining these photographs are requested to contact the Photo Library of the United Nations, located in room S-1047 in the Secretariat building.

Bearing in mind the tight schedule of the Heads of State and Government, as well as Ministers, I would like to strongly encourage delegations to limit their interventions to the prescribed time limit of five minutes when speaking in their national capacity and eight minutes when speaking on behalf of a group. This will allow us to accommodate as many speakers as possible. Participants with longer statements are encouraged to read a shorter version of their text and to submit their full length statements to the Secretariat for posting on the PaperSmart portal.

The Assembly will now hear a statement by His Excellency Mr. Kwesi Amissah-Arthur, Vice-President of the Republic of Ghana.

Mr. Amissah-Arthur (Ghana): Let me commend you, Mr. President, and the Secretary-General for convening this high-level meeting on AIDS.

In 2011, Ghana joined the international community in committing to the Political Declaration on HIV/AIDS and to the 10 targets developed by the United Nations Joint Programme on HIV/AIDS. Our national progress report for the past five years show significant progress in the key target areas of the Declaration. Our Government has demonstrated increasing ownership of the HIV response through advocacy, policy development and financial support, which increased more than tenfold between 2011 and 2015. These, along with leadership commitments at various levels and across multiple actors, including civil society, the private sector and development partners have contributed to the progress.

Between 2009 to 2014, we recorded a 30 per cent reduction in new HIV infections and a 43 per cent reduction in AIDS-related deaths. Civil society and community-based organizations have been remarkable in extending the reach and intensity of the national response to communities and vulnerable groups. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the United Nations system have also remained committed.

Notwithstanding our achievements, a number of challenges remain. HIV infection continues to spread.

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The majority of persons living with HIV are not yet on treatment, women are disproportionately affected, stigma and discrimination persist; comprehensive knowledge of HIV in the 15-to-24 age group remains low, and sustained supply of HIV commodities is a challenge. But we are committed to ensuring that no one is left behind. We are working to accelerate access to HIV testing and treatment towards the 90-90-90 target. Ghana has incorporated the fast-track target into our newly developed National HIV and AIDS Strategic Plan. In the next five years, we are committed to breaking the trajectory of the HIV epidemic.

As part of efforts to close the testing gap and sustainably place and keep people with HIV on treatment, Ghana recently launched a national campaign on the first 90 to accelerate testing and actions towards universal treatment. We project that this will result in over 45 per cent of the population knowing their HIV status by 2020. We are committed to this ambitious target through mobilizing people and resources with the support of our partners.

The National Strategic Plan adopts a treat-all policy. Access to safe, affordable and efficacious medicines, including diagnostics and related health technologies, is critical to enhancing the quality of life of people living with HIV/AIDS. Ghana therefore commends the Secretary-General for the establishment of the High-Level Panel on Access to Medicines and looks forward to the findings and recommendations of the Panel.

Sub-Saharan Africa remains the worst HIV-affected region. AIDS is the leading cause of death among adolescents and women of reproductive age. Yet to date we have been reliant on the importation of antiretroviral drugs. To ensure universal coverage and sustainability, we must work together to change this narrative.

Ghana affirms its commitment to the African Union road map on AIDS, Tuberculosis and Malaria, which highlights, among others, priority actions to ensure accelerated access to affordable and quality-assured medicines and health-related commodities. In this regard, we support the call for protection and enforcement measures for intellectual property rights to be made compliant with the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights and be interpreted and implemented in a manner that supports this and similar regional and national initiatives.

Ghana lauds the effort of the Secretary-General on behalf of the Every Woman, Every Child initiative. The Government of Ghana has also launched national campaigns on ending child marriage and on reducing the incidence of HIV among adolescents and young women with the aim of reducing gender-based violence and enhancing access to social-protection programmes that benefit people living with HIV.

Interventions to protect human rights, preserve dignity and improve access to quality health care have been introduced. To ensure sustainable and predictable funding for the national response, we are diversifying sources of HIV funding. The Ghana AIDS Commission Bill currently before our Parliament contains clauses establishing and resourcing an HIV and AIDS Fund.

While acknowledging that the mobilization of resources at the national level is necessary, significant scaling up of global funding will be required to end the AIDS epidemic and avoid a rebound of HIV infections. AIDS remains both a universal challenge and a universal responsibility, and international financial support to complement domestic funding of HIV/AIDS programmes is critical, especially in sub-Saharan Africa. The benefits of investing in AIDS are evident.

In conclusion, I wish to express Ghana's support for the 2016 Political Declaration. We call on the international community to continue to support efforts to harness the AIDS machinery to tackle broader global health and development challenges.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Mrs. Dominique Ouattara, First Lady and Special Envoy of the President of the Republic of Côte d'Ivoire.

Mrs. Ouattara (Côte d'Ivoire) (*spoke in French*): I am very honoured to take the floor on behalf of my country, Côte d'Ivoire, and as Special Ambassador of the Joint United Nations Programme on HIV/AIDS (UNAIDS) at this high-level meeting.

At the outset, I should like to convey the warm greetings of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara. This meeting is of crucial importance to our countries because its goal is to meet the remaining challenges to ending the global AIDS epidemic. Indeed, despite the significant progress made in recent years, the pandemic continues to claim countless victims, notably among women, young people and children. This unacceptable

situation requires significant investment in order to achieve the goal of eliminating AIDS by 2030.

I would now like to recall the strong commitment of my country, Côte d'Ivoire, and in particular of President Alassane Ouattara, which has allowed us to make notable progress in combating the AIDS pandemic in Côte d'Ivoire. In that regard, he has stated:

> "We must fast-track the issue of treatment in Côte d'Ivoire so as to ensure access for the other 50 per cent that have yet to be in treatment. I have decided to allocate additional resources to that end. I seek the sustainability of the achievements made in our country and the subregion by considerably reducing our financial dependence on foreign sources and by permitting Africa to produce its own medications."

With this commitment from the Government of Côte d'Ivoire and the support of its partners and the international community, our country has already made significant progress in combating AIDS, although much remains to be done. In fact, new HIV infections fell by more than 50 per cent, from 52,000 in 2000 to 25,000 in 2014. With respect to treatment access, more than 150,000 people living with HIV are on antiretroviral treatment. The percentage of seropositive pregnant women receiving antiretroviral drugs rose significantly from 46 per cent in 2012 to 80 per cent in 2014. In combating stigmatization and discrimination, Côte d'Ivoire has adopted a specific law for the protection of people living with HIV/AIDS. These notable results have evinced a response from Mr. Michel Sidibé, Executive Director of UNAIDS, who has stated that, with just a little more effort, Côte d'Ivoire could be one of the first countries of West Africa to eliminate HIV transmission from mother to child.

For my part, I call for the creation of a strong global partnership to implement coordinated synergetic actions so that we will be able to eliminate the AIDS epidemic in the next few years. I remain convinced that our common actions will promote equal access to antiretroviral treatment. That stage is vital to overcoming the paediatric HIV treatment gap and is one of the pillars of the UNAIDS goal — namely, 90 per cent of children screened, 90 per cent of children in treatment and 90 per cent of viral suppression. I therefore call for everyone to mobilize and commit to seeking local solutions that would include, among other things, the production of quality antiretroviral drugs that are accessible to all and the implementation of innovative methods for awareness-raising and prevention, particularly focused on youth.

In conclusion, we hope that the recommendations emerging from the international meeting of Health Ministers, entitled "Towards the end of paediatric AIDS", held on 10 May in Abidjan, will be included in the final political declaration. That would be a major contribution from Africa, demonstrating its commitment and the high priority it places on the paediatric treatment of HIV.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Mrs. Ginette Michaud Privert, First Lady and Special Envoy of the President of the Republic of Haiti.

Mrs. Privert (Haiti) (*spoke in French*): Five years ago, the General Assembly adopted the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (resolution 65/277, annex), which built upon the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The 2011 Declaration was built around three major themes: ramping up global action against HIV/AIDS, unwavering political commitment and solidarity, and the implementation of a global response to combat the epidemic, end it and alleviate its effects. Those three themes are as relevant and topical today as they were five years ago.

We can welcome the fact that the strategies and efforts rolled out over the past few decades have begun to bear fruit. We are seeing a downward trend in infection rates at the global level. In its 2015 global AIDS progress report, the Joint United Nations Programme on HIV and AIDS (UNAIDS) described a 38 per cent decrease in new cases of infection linked to HIV, and even reported a drop of 58 per cent in infection rates among children, including in the 21 most affected African countries. We sincerely hope that those encouraging indicators signal that the fight against the pandemic has entered a crucial phase. Hope has undoubtedly been reborn. Nevertheless, it would surely be premature to claim victory, given the magnitude of the pandemic in certain regions of the world and the ongoing risks of its spread. Despite all the ground gained, we are still far short of our goal of universal access to treatment for all infected persons.

It is clear that the international community needs to step up its efforts. In particular, donor countries,

international organizations and the private sector, including global pharmaceutical companies, need to enhance their engagement in order to tangibly improve the efficiency and effectiveness of the global response to AIDS. Recognition of this urgent global problem is not enough in and of itself; we must allocate adequate resources to guarantee universal access to treatment, prevention and care services linked to HIV/AIDS.

I should like briefly to share some information about the current situation in my country. Haiti remains one of the countries worst affected by the HIV/AIDS epidemic outside of the African continent. HIV epidemic prevalence rates have stabilized at around 2.2 per cent, but the epidemic is far from being contained. Of the more that 140,000 individuals living with the illness, 60 per cent are women. The epidemic has dealt its harshest blow to those aged between 20 and 49 years. Haiti was the second country after the United States of America where AIDS was diagnosed at the end of the 1980s. Research groups were immediately set up, helping us to pinpoint the characteristics of the new pandemic in a developing country.

That early response allowed us to undertake targeted interventions through research. They allowed us to reduce the national prevalence rate of infection from more than 6 per cent to 2.2 per cent by 2012. Nonetheless, the prevalence rates, in particular of mother-to-child transmission, which stands at higher than 6 per cent itself, remain unacceptable. Alongside the standard prevention tools, Haiti has also joined the treatment-as-prevention strategy, making early treatment a major tool in controlling the epidemic. In order to make the strategy effective, the World Health Organization (WHO) has established the so-called 90-90-90 goals. In other words, 90 per cent of seropositive persons will know their HIV status; 90 per cent of those persons will receive sustained antiretroviral therapy; finally, 90 per cent of persons treated will have an undetectable viral load.

If those objectives are to be realistic in Haiti, a number of obstacles will need to be overcome, in particular access to universal treatment, adherence to treatment, viral suppression and preventing resistance to antiretrovirals. Haiti will do everything in its power to deliver on the 90-90-90 results sought by WHO, but there are many difficulties ahead. Overcoming them will require strengthening national efforts and the support of the international community.

We welcome certain results and successes in our national response to AIDS. These include a reduction in HIV prevalence among pregnant women, an increase in the number of sites offering antiretroviral treatment, a doubling in the number of screening tests since 2010, and better care for children, among others. Those results are due not just to public interventions, but also to a great extent to the joint action of international institutions, private health-care entities and Haitian and foreign non-governmental organizations dedicated to the fight against AIDS, which have distinguished themselves by their outstanding engagement and performance. On behalf of my Government, I commend them publicly.

Nonetheless, despite this encouraging progress, ending the epidemic by 2030 runs up against multiple and sizeable challenges. The scale of the needs, the context of current underfinancing, the institutional instability compounded by structural handicaps in my country and the weakness of its essential infrastructure have markedly exacerbated the complexity of the situation. The Government of the Republic of Haiti is currently faced with the pressing obligation to deliver institutional normalization through the upcoming presidential and legislative elections, which should contribute to the strengthening peace, stability, the rule of law and democracy in Haiti.

Nonetheless, at a time when needs have never been so pressing in the field of health, inter alia, we can only deplore the drastic reduction in official development assistance budgets, including funds earmarked for humanitarian aid, which have drastically reduced the Haitian authorities' capacity for investment and assistance in such crucial areas as the fight against HIV/AIDS, which is a national priority. We therefore urgently appeal for an essential boost in solidarity and international cooperation in order to allow us to meet the current challenges.

In the name of human dignity, we must do our utmost to extend access to available care and therapy. Ending the HIV epidemic is not beyond our reach, but, as was underscored by the Executive Director of UNAIDS, we only have five years to change the trajectory of the epidemic. Let us therefore pool our efforts to better combat HIV/AIDS by substantially reducing the costs of medicines and making them more accessible and affordable and by promoting greater availability of health care.

I express the hope that the guidelines that will emerge from this high-level meeting will powerfully contribute to regalvanizing our energies in this global combat in order to give new hope to the millions of persons around the world who currently live with this illness and remain deprived of access to treatment, care and the necessary therapies.

The Acting President (*spoke in French*): The General Assembly will now hear a statement by Her Serene Highness Princess Stephanie, Personal Representative of His Serene Highness Prince Albert II, Sovereign Prince of Monaco.

Princess Stephanie (Monaco) (*spoke in French*): Throughout its history, humankind has had to face many pandemics that lasted for centuries and were finally eradicated through the discovery of vaccines. AIDS is a trial, but one that we can learn from. While the disease appeared only recently, we have met the amazing challenge of halting its expansion, although a vaccine has not yet been found. Those positive results are due solely to the collective will to eradicate the disease and our capacity to organize ourselves to that end.

The challenge, however, is far from won. Michel Sidibé declared in Addis Ababa last year that in 2000 a conspiracy of silence reigned. AIDS was the disease of others. Treatment was for the wealthy, not for the poor. Since then, the international community has made significant advances and has agreed to face reality. An unbelievable political, scientific, social and human commitment was made at the international, national and especially local levels. The Millennium Declaration, the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the 2011 Political Declaration on HIV/AIDS were all key steps that helped decision-makers gird themselves for battle and to score points against the disease.

Thus, in 2016 the conspiracy of silence has been weakened. Because the fight has been waged long and loudly, shame is lessening, tongues are loosening and hearts are opening. In 2016, AIDS is no longer the disease of others, but a disease that touches us closely, whether it be our families or our friends. We have all lost at least one loved one to the disease. We all share the same grief at not having known how to avoid it.

The term "pandemic" is also relevant, because it is by definition a subject that concerns all peoples. That is why I believe that AIDS requires the collective responsibility of all. In 2016, access to treatment is no longer reserved for the rich, but we should not stop there. It is unacceptable for the most vulnerable to be condemned to the twofold sentence of being sick and excluded because they live in underprivileged countries, because they are stigmatized or discriminated against. They are extraordinary heroes who are fighting every day to survive. It is therefore to them that we must give our assistance and be held accountable.

We meet today to talk about the end of AIDS. Is it that prospect close at hand? Will we succeed without a vaccine, through willpower alone? I want to believe that, yes, given all that we have achieved in just a few decades. But it is also time to mobilize again to find solutions that will allow us to tell future generations that in the early twenty-first century, humankind eradicated, in a few decades and without a vaccine, a deadly disease that could have taken centuries to eradicate in a different era.

I welcome the work on the proposals by the Secretary-General in his report "On the fast track to ending the AIDS epidemic" (A/70/811). We must change our approach if we are to be more effective. To that end, local communities and their leaders must ensure prevention, combat stigmatization and restore to those living with HIV their rightful place in society and their dignity.

Since the beginning of the pandemic, aware of global public-health issues, Monaco has actively committed itself to this cause. For my part, I will continue to do my bit to fight against AIDS by making it a priority to stand alongside those living with HIV. With the members of my team in Fight AIDS-Monaco and the House of Life, we work every day in the Principality, in France and in underprivileged countries for prevention among young people and target populations, for access to care for the neediest, and for respect for the rights of those living with the virus. The Principality of Monaco supports the Joint United Nations Programme on HIV/AIDS efforts to achieve the 90-90-90 goal, and will continue to invest in the common goal of eradicating the disease, because in 2030 no one should die of AIDS or suffer from a lack of care or discrimination. This is a fight that my country, its Head of State, my brother His Serene Highness Prince Albert II, and I will wage tirelessly.

The Acting President: I now give the floor to His Excellency Mr. Joseph Kasonde, Minister for Health of the Republic of Zambia.

Mr. Kasonde (Zambia): I have the honour to deliver this statement on beha!f of the Group of African States. The African Group would like to welcome the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). That important document constitutes our framework for the fight against HIV and AIDS during the next five years.

The Group takes note of the Secretary-General's report, entitled "On the fast track to ending the AIDS epidemic" (A/70/811), and its recommendations. The African Group would like to take this opportunity to reaffirm the strong commitment of the African Member States to fighting the AIDS epidemic. The Group is convinced that political will at a high level and national leadership and ownership are key in the fight against HIV/AIDS. Therefore, we welcome the reaffirmation of the sovereign rights of each country, as enshrined in the Charter of the United Nations, and the need for all countries to implement the commitments and pledges in the Declaration, consistent with national law, national development priorities, full respect for the various religious and ethical values and cultural backgrounds of its people and in conformity with universally recognized human rights.

The African Group would like to reiterate the common African position to the General Assembly on the Political Declaration adopted today, Africa notes that key populations vary from country to country, in accordance with the national context, and that each country should define the specific populations that are key to the AIDS epidemic and respond based on the local epidemiological context.

At this stage, the Group would like to acknowledge that women and adolescent girls in Africa carry the burden of HIV/AIDS. According to the Secretary-General's report, the AIDS epidemic continues to disproportionately affect sub-Saharan Africa. Adolescent girls and young women continue to experience elevated HIV risk and vulnerability, and AIDS remains the leading cause of death among women of reproductive age in Africa. Therefore, for the African Group, the use of key populations in paragraphs 42 and 62 (e) of the outcome document should be made in line with those specific contexts.

As we now all embark on implementing the 2030 Agenda for Sustainable Development (resolution 70/1) and the Sustainable Development Goals, this high-level meeting on HIV/AIDS signifies a uniting purpose to end AIDS, as an important milestone towards ultimately eliminating new HIV infections. We recall that in June 2006 in Abuja, our leaders declared 2010 as the year of universal access to HIV prevention, treatment and care and support services for the African continent. Since then, Africa, in collaboration with its partners, has achieved considerable progress in creating awareness and the effective mitigation of the pandemic among its population. Significant progress has also been made by Africa towards universal access to health-care services in general and HIV/AIDS treatment in particular.

The rate of new infections has declined or stabilized in many African States, and AIDS-related deaths are declining as treatment programmes expand. Despite this progress, there is still much more left to be done. Approximately 2.1 million people were newly infected with HIV in 2015; two thirds of them live in Africa, which remains the epicentre of the HIV epidemic. We note with alarm the sustained vulnerability of young people, especially young women and adolescent girls, to HIV infections in Africa.

The African Group applauds the achievement of reaching 15 million people living with HIV with antiretroviral therapy before the December 2015 deadline. In the same vein, we believe that zero new infections, zero discrimination and zero AIDS deaths are attainable before 2030. Emphasis should be on prevention, advocacy and education on healthy lifestyles. Treatment and innovation of new medicines, including vaccines, should be at the core of our efforts. The African Group reaffirms the need for technology transfer, capacity-building, market access and the support to make use of flexibilities afforded by the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights, including simplifying and strengthening health regulatory procedures.

The Group recognizes that poverty and unemployment exacerbate HIV and AIDS. The Group therefore calls for the increased resources devoted to HIV and AIDS responses, including the implementation of the Addis Ababa Action Agenda

and official development assistance to support national strategies, financing plans and multilateral efforts aimed at combating HIV and AIDS. The African Group is concerned at the fact that sub-Saharan Africa remains the worst affected region. Exceptional action is required at all levels to curb the devastating effects of this epidemic.

The AIDS response is failing children and young people in Africa. As highlighted in the Secretary-General's report, young people account for 16 per cent of the global population but represent 34 per cent of adults acquiring HIV. AIDS is now the leading cause of death among adolescents in Africa and the second leading cause among adolescents globally. In some instances, the report has alluded to the fact that not all pregnant women have access to antiretroviral therapy, including HIV testing. Western and Central African countries have the lowest treatment coverage. We appeal to our partners to triple their resources and interventions in order to scale up treatment in these subregions.

While southern and eastern African countries have shown improvements over the past years, the two subregions still house 42 per cent of all children who acquired HIV in 2014. Issues relating to the formulation of pediatric antiretroviral therapy regimens, such as finding the right dose and the right taste, still remain a challenge. Transmission among children is increasingly concentrated in the breastfeeding period. Only 32 per cent of children living with HIV are receiving treatment. Coverage remains its lowest in the Middle East and North Africa.

Late diagnosis of HIV remains the most substantial barrier to scaling up HIV treatment and contributes to HIV transmission. Many people delay testing due to fear of the stigma and discrimination that may follow. In eastern and southern Africa, only 10 per cent of young men and 15 per cent of young women are aware of their HIV status. The African Group stresses the urgent need to close the testing gap. The Group underscores that prevention, diagnosis, treatment, strong surveillance systems and universal access to services must be the priority. In this regard, increased access to early infant and pediatric diagnosis and treatment which requires strengthened health systems and mechanisms should be given the attention they deserve. Furthermore, sexual health education related to HIV can foster HIV knowledge and influence positive sexual behaviour among the youth.

The Group underscores that universal access to HIV and AIDS treatment, care, support and cure remains paramount in the global response strategies and constitutes a fundamental human right. The Secretary-General's report estimates that in sub-Saharan Africa, only 32 per cent of adults living with HIV have viral suppression. Food security is a critical barrier to linkage to care, treatment adherence, retention care and viral load suppression. Malnourished people living with HIV are two to six times more likely to die within the first six months of treatment. Treatment and retention gaps are acute in humanitarian emergencies.

The Group recognizes that HIV response has been slow to address the myriad health-care and support needs of people living with HIV, including tuberculosis, hepatitis, sexually transmitted infections and food security in a holistic manner. Advances in HIV treatment have contributed to longer life spans and the blurring of the line between infectious and chronic diseases. On one hand, many low- and middle-income countries, of which the majority are in Africa, are facing a double burden, as the prevalence of non-contagious diseases is rising more rapidly than that of infectious diseases, such as HIV. Women living with HIV are four to five times more likely to develop cervical cancer than HIV-negative women.

The Group believes that innovation is required to produce better, optimized and long-lasting formulations of antiretroviral medicines, vaccines and cures, including effective and affordable treatment for common co-infections, such as tuberculosis, sexually transmitted infections and hepatitis. We are of the view that ending the AIDS epidemic will require the availability of the innovative and effective tools without delay. Capacities should be built in countries to access health technologies when they are available. In the same vein, global trade and other policies should support health goals.

The African Group remains committed to a collective and shared response to HIV. We continue to consolidate our efforts to tackle HIV at the centre of our development plans and to incorporate HIV programmes into our broader development efforts. In order to sustain these integrated efforts, we must all look at sources of support, financial or political, and broader societal acceptance of and contribution to our collective fight to end AIDS by 2030. The Group remains concerned that people living with HIV also continue to face challenges in all regions of the world, including restrictive laws,

policies and practices that violate human rights and maintain structural conditions that leave populations without access to HIV care services.

In some instances, people with disabilities are at higher risk of HIV infection, due to their vulnerability to violence, sexual abuse and stigma and discrimination. The Group therefore is grateful to all States that have enacted laws and lifted travel restrictions on people living with HIV and AIDS. In conclusion, the African Group reaffirms its commitment to fighting HIV and AIDS and calls on our partners to join hands with us to attain a future that is free of HIV and AIDS. We believe that zero new infections, zero discrimination and zero AIDS deaths are possible and achievable, even before the set deadline. The true outcome of this vision rests on its implementation, which can be achieved by working together and collaborating with people living with HIV and AIDS. It always seems impossible until it is done. Together, we can overcome.

I will now deliver a statement in my national capacity. Please accept very warm greetings from the President of the Republic of Zambia, His Excellency Mr. Edgar Chagwa Lungu. It was his desire to be present at this high-level meeting on HIV/AIDS. However, he very much regrets that, due to unavoidable circumstances, he could not be with us today to join other leaders to take concrete steps in the fight against the world's most daunting task — overcoming the global crisis of HIV/AIDS. Nevertheless, he wishes this high-level meeting success with concrete commitments towards eradication of the epidemic.

Let me join the Heads of State and Government in thanking President Lykketoft and the United Nations system for convening this very important high-level meeting on HIV/AIDS. Zambia is proud to have co-facilitated the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). In addition, I wish to commend Secretary-General Ban Ki-moon for his personal and unprecedented leadership in the global fight against HIV/AIDS and also for his far-reaching report (A/70/811), which has highlighted a number of pertinent recommendations, inter alia, the need to commit to ambitious testing, treatment and prevention targets among all populations, including the 90-90-90 targets and the elimination of new HIV infections among children and keeping their mothers healthy.

The holding of this high-level meeting is timely, as it is just after the Millennium Development Goals have run their course and nations are now embarking on the implementation of the 2030 Agenda for Sustainable Development (resolution 70/1). Therefore, it poses a challenge to all of us, to assess our achievements, learn from our failures and chart a new course, based on the 2030 Agenda that commits not to leave any one behind. Indeed, the global commitment to end AIDS by 2030, as set forth in the Agenda, is a great opportunity for us to address the myriad of health challenges faced by our nations.

Sustainable Development Goal 3, with the overarching aim to ensure healthy lives and promote well-being for all at all ages, has nine targets, with target 3.3 specifically focusing on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. There are several other goals and targets in the framework that are relevant to ending AIDS by 2030. It is therefore important to look at the Agenda holistically in order to assess how they might impact on issues of HIV.

By ending poverty and hunger, ensuring quality health care and education and achieving gender equality, the world would be addressing some of the underlying factors that leave people vulnerable to HIV infection. These should, however, be coupled with the promotion of economic growth and decent work, making cities safe and resilient and promoting peaceful and inclusive societies. Strengthening HIV programmes to secure affordable HIV treatments can also contribute to other health and equity agendas, including tuberculosis, hepatitis and non-communicable diseases.

As a nation, we have identified a synergetic relationship between poverty and HIV/AIDS. In this regard, our response is premised on the recognition that HIV/AIDS is more than a health problem, but that it is also a development issue. This understanding has expanded our focus to encompass a multisectoral and multidimensional response. In order to coordinate and strengthen the multisectoral and multidimensional response, Zambia, through the National HIV/AIDS/STD/TB Council, has representation from a cross-section of society such as Government institutions, non-governmental organizations, the private sector, religious organizations, youth, traditional leadership and people living with HIV/AIDS.

The Council is tasked with formulating and reviewing policies and coordinating HIV/AIDS, sexually transmitted diseases and tuberculosis activities to ensure the effective monitoring and evaluation of programmes and activities. The Council also reports to the Committee of Cabinet Ministers. Zambia believes that reducing HIV incidence requires a combination of prevention, treatment, advocacy, care and support, including specific interventions on sexual and reproductive health and rights, such as eliminating mother-to-child transmission by ensuring that all pregnant women can access prevention of mother-to-child transmission services.

Further, Zambia remains committed to adopting innovative and game-changing interventions that will increase the number of men accessing voluntary medical male circumcision, intensify comprehensive condom programming and scale up comprehensive sexuality education, among other things. We believe that comprehensive sexuality education is an important tool for empowering young people with the accurate information critical to reducing HIV infections, sexually transmitted infections and unintended pregnancies.

In addition, we would like to inform the Assembly that Lusaka is one of the 13 global cities identified to fast-track the end of AIDS, and more than 50 of our towns and cities have signed the Paris declaration to fast-track the AIDS response and achieve the 90-90-90 targets. The community has also responded to the crisis by developing various initiatives and infrastructure aimed at mitigating the impact of the scourge on the family and society. This is being done through such programmes as home-based care, orphan support and income-generation and community support groups for both the infected and affected. The responses we have put in place are bearing fruit. Consequently, Zambia has begun to record a downward trend in the HIV/AIDS prevalence rate among the young aged group and an overall stabilization of HIV rates since 1993, in both rural and urban areas.

In conclusion, I would like to reaffirm Zambia's commitment to the declaration on HIV/AIDS that has been adopted by this High-level Meeting. We believe that this signifies the dawn of a new era as we implement the Sustainable Development Goals. We therefore remain convinced that the Political Declaration will result in an unprecedented galvanization of global commitment and action to combat HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Dorcas Makgato, Minister of Health of the Republic of Botswana.

Ms. Makgato (Botswana): I am delivering this speech on behalf of the Chairman of the Southern African Development Community (SADC), who happens to be my President, Lieutenant General Doctor Seretse Khama Ian Khama. I have the honour to speak on behalf of the 15 States members of the Southern African Development Community.

SADC aligns itself with the statement made on behalf of the Group of African States.

The SADC group wishes to assure you, Sir, of its full support and cooperation towards a successful conclusion of this crucial gathering. This is a pivotal time, when the whole world has come together to take stock of the progress made in the global response to the HIV/AIDS pandemic and craft a way forward.

We need to learn from our experiences with the HIV and AIDS response, both good and bad, to shape the future. The SADC region has made tremendous progress in the area of HIV and AIDS treatment. However, HIV prevention has lagged behind. There is therefore a need for a lot more innovation, and we implore this gathering to be bold in the area of HIV/AIDS prevention. HIV/AIDS testing is key to mapping our prevention efforts. Many SADC member States have introduced and are implementing point-of-care HIV and AIDS testing services.

The SADC region is greatly affected by three major diseases: HIV/AIDS, tuberculosis and malaria. It is therefore important to integrate in order to make the most of our health systems. We urge this gathering to acknowledge and promote integration as a key strategy in the global response to HIV and AIDS.

Globally, regionally and nationally, there have been remarkable efforts in the attainment of the "three ones" principles developed by the Joint United Nations Programme on HIV/AIDS, the universal access targets and the Millennium Development Goals. In the SADC region, we have hope for an HIV/AIDS-free future. We have put many of our people on treatment and have saved many lives. This reinvigorates us to continue to do our best to achieve the "three zeros": zero new infections, zero discrimination and zero AIDS-related deaths. It is our sincere belief that together we can end AIDS by 2030.

Ending AIDS by 2030 requires a combination of interventions that include the availability of adequate, predictable and sustainable resources to address biomedical and behavioural interventions. As leaders of SADC, we recognize the importance of increasing our domestic financing for HIV and AIDS. We will endeavour to make available the best-skilled human resources to the response. However, we definitely cannot do this alone. We therefore request continued, increased, predictable and sustainable financial assistance from our partners to augment whatever shortfall we may have. We request assistance that is aligned to our priorities, as defined in the SADC HIV and AIDS, Sexual and Reproductive Health, Tuberculosis and Malaria Programmes Integration Strategy, as well as the SADC Regional Indicative Strategic Development Plan.

In conclusion, I thank Secretary-General Ban Ki-moon for his stewardship. I also thank our key stakeholders present in this Hall. Their leadership in this global response is very much appreciated. We, the SADC member States, are committed to playing our part to the best of our abilities.

I will now deliver a statement in my national capacity as representative of Botswana.

Botswana aligns itself with the statements delivered on behalf of the Group of African States and the SADC region.

The Government of Botswana is committed to ending the AIDS epidemic by 2030. We are proud that we have been fortunate enough to have strong political commitment to and accountability for our national response. To demonstrate this, Botswana allocates more than 17 per cent of its budget to health, surpassing the Abuja target of 15 per cent. The Government of Botswana contributes more than 60 per cent of funding to the national response to HIV/AIDS, and we get the balance from our development partners.

Ever since the first case was diagnosed in 1985, the Government of Botswana has put in place a number of initiatives aimed at preventing, managing and controlling the epidemic. These are beginning to bear fruit, as we are witnessing a decline in incidence rates from 1.5 per cent in 2008 to 1.35 per cent in 2013. As a country, we have been at the forefront in leading the HIV response. For example, we were the first country in Africa to introduce national antiretroviral therapy and national prevention of mother-to-child transmission programmes. Currently, more than 95 per cent of our HIV/AIDS-positive people have access to antiretroviral drugs, as per the CD4 cell count of 350. Today I am proud to mention to this gathering that, just a week ago, His Excellency the President of the Republic of Botswana officially launched the National Treat All Strategy, which went into effect on 1 June and was officially launched on 3 June. All diagnosed HIV-positive individuals will now be placed on antiretroviral treatment irrespective of CD4 cell count.

In the area of prevention of mother-to-child transmission, we have brought down mother-to-child transmission to 1.6 per cent. This indeed sets us on the course towards eliminating such transmission and ending AIDS by 2030, in accordance with target 3.3 of the 2030 Agenda for Sustainable Development (resolution 70/1).

Our national response to HIV and AIDS required that we transform how we deliver our services. This included the rolling out of HIV consultations, prescribing and dispensing, as well as task shifting of service provision. I am also happy to report that data from our ongoing studies in Botswana indicate that we are within reach of realizing the 90-90-90 fast-track targets by 2020. The study was done in 30 communities and indicates that 83 per cent of our HIV-positive individuals know their status, 87 per cent of these are on treatment and 96 per cent, that is, more than 90 per cent, of those on treatment have viral suppression.

Despite these successes, we still have financial and technical challenges that make us even more determined to work harder. We continue to work with partners to address these. Let me, at this juncture, thank all our partners for the support that they have continued to provide to us as we work towards ending AIDS by 2030.

The Acting President: I now give the floor to His Excellency Mr. José Narro Robles, Minister of Health of the United States of Mexico.

Mr. Narro Robles (Mexico) (*spoke in Spanish*): Fifteen years ago, the Organization adopted its first Declaration of Commitment on HIV/AIDS. One and a half decades later, there is a real chance of ending this epidemic and the suffering it causes by 2030. We will achieve this goal only if we maintain the effort that has gone before, if we accelerate the strengthening of the actions that have been showing to have the greatest impact, and if we increase solidarity with nations that are the most in need and have the least resources.

The progress achieved is not inconsequential. We have seen the infection become a chronic disease; we have increased the life expectancy of patients and improved their quality of life; and we have made headway towards building a more inclusive and fair society in permanent alliance with civil-society organizations and people living with HIV. However, much remains to be done. One of the main barriers left to be overcome, as incredible as it seems, is acknowledging that AIDS is still a public-health problem and one that affects all of us, as it adversely impacts development and therefore cannot be ignored.

To address the epidemic, it is essential that the populations most affected be explicitly identified and put at the front of response efforts: gay men and men who have sex with men and their female partners, transgender people, male and female sex workers, and people who take intravenous drugs. Indifference or denial are not part of the solution. We cannot hide the existence of these groups, nor can we ignore them. I invite all countries, in a context of respect for human rights, to build inclusive societies where no one is left behind and all people have equal rights. I invite them to meet with and listen to key populations and incorporate them effectively into each country's individual response effort and to address issues of sexual diversity and combat homophobia and social transphobia. Only then will we succeed.

It is therefore imperative to eradicate laws that favour discrimination against the lesbian, gay, bisexual, transgender and intersex (LGBTI) persons community. In that connection, on the National Day Against Homophobia, Mr. Enrique Peña Nieto, President of Mexico, reaffirmed the commitment of his Government "to non-discrimination and to build a Mexico that is genuinely inclusive, where all persons can fully exercise their rights". Similarly, our country recently joined the LGBTI Core Group, which is convened by the United Nations.

The case of adolescents and young people is particularly important, and it is important to recognize that in my country one in three persons affected by HIV is unaware of their status. To narrow the gap, we must seek comprehensive strategies that address the needs of young people and ensure secular, science-based sexual education, which is a fundamental pillar to achieve the required changes and to provide them the elements that allow them to assume their sexuality in a responsible, informed and protected way. It is necessary to expand access to HIV testing and make it universally available, without discrimination and with respect for human rights. It is important to use new technologies accompanied by the required information and confidentiality. In the case of intravenous drug users, we must shift from a prohibitionist policy to one of public health and respect for human rights, as the President of Mexico affirmed in April in this Hall (see A/S-30/PV.1).

HIV/AIDS is not a problem only in some regions of the world. On the contrary, it is a concern for all countries, and we must all make an effort and actively participate in addressing it. There is a need for political commitment at the highest level and a need to strengthen international cooperation, to promote the coordination of the efforts and actions taken by the relevant multinational agencies and for supportive strategies to provide for the financial needs of those countries with the greatest problems and the least budgetary capabilities to achieve a more free, fair and inclusive world and, of course, one without AIDS. I hope we will see this in our lifetimes.

The Acting President: I now give the floor to His Excellency Mr. Victor Shafranskyi, Minister of Health of Ukraine.

Mr. Shafranskyi (Ukraine): It is my pleasure and honour to address this significant forum on behalf of the Government of Ukraine. I would like to put on record that my country, Ukraine, welcomes the adoption of the Political Declaration on HIV and AIDS (resolution 70/266, annex).

Ukraine is a high-impact and fast-track country of the Eastern European region, which, unfortunately, has the second-highest HIV epidemic rate among Eastern European and Central Asian countries. It is estimated that there are approximately 220,000 people living with HIV in Ukraine, with approximately 11,000 new cases detected every year. Given the alarming fact that Ukraine accounts for 19 per cent of all people living with HIV in Eastern European and Central Asian countries, the progress in my country in combating the epidemic will have a large positive effect on the prospects of ending the epidemic in the whole Eastern European and Central Asian region.

Currently, Ukraine is struggling to build stability and security in the country. The annexation of Crimea and military aggression, backed by the Russian Federation, in the east of the country has resulted in

slowing down the economy and limited financial resources. I would like to highlight that the armed conflict in Ukraine impacted territories with more than 5 million inhabitants; 40 per cent of people under medical supervision and 40 to 50 per cent of people receiving treatment for HIV/AIDS living in the temporarily occupied territories remain beyond the reach of the Government.

However, despite all the challenges and because of the help of international organizations and bilateral donors, such as the Joint United Nations Programme on HIV/AIDS, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, and many others, as well as because of the financial commitment of the Ukrainian Government, the country stands committed to effectively combat the epidemic.

Today, Ukraine provides key HIV treatment and prevention services that demonstrate the country's achievements in fighting HIV/AIDS, including in key affected populations, as well as for intravenous drug users. For example, during the past 10 years, antiretroviral therapy coverage increased 20-fold; the share of the State budget for procurement of antiretroviral treatment increased 13-fold and the opioid substitution therapy programme coverage increased 53-fold. During the past 12 years, the level of HIV transmission from mother to child dropped by a factor of 7, from 27 down to almost 3.5 per cent.

To end AIDS by 2030 and implement the Fast-Track strategy, Ukraine started the process of reviewing existing strategies and policies in order to more effectively manage the response to the HIV epidemic in Ukraine and adopted World Health Organization test-and-treat guidelines in December 2015. I would like to emphasize also that, in April 2016, the city of Kyiv, our capital, joined the Paris Declaration to End the AIDS Epidemic, becoming the first city in Eastern Europe and Central Asia to start implementing the fast-track strategy in large cities.

While we are proud of our achievements during these difficult times for the country, we are also aware that a lot more needs to be done. In order to maintain the achieved results and strategize for the new 90-90-90 ambitious targets, the Ministry of Health of Ukraine established an intersectoral working group and, with the technical support of the United Nations, donors and technical partners, developed a draft strategy for a sustainable response to tuberculosis, including its resistant forms, and the HIV/AIDS epidemics until 2020. The strategy sets 90-90-90 targets and optimization options for HIV prevention, treatment, care and support for ending AIDS as a public-health threat by 2030. More than ever before, Ukraine is fully committed to implementing the Declaration, which will bring the country closer to the standards of humanistic and people-centred societies.

The ambitious targets of the country towards ending AIDS assume the shared responsibility of all national partners. We are proud of our partnership with the civil society organizations. We believe, that given all the risks and instabilities that the country currently faces, Ukraine should be given special attention and increased support from all partners and donors in assisting it to effectively combat the epidemic.

The Acting President: I now give the floor to His Excellency Fernando Llorca Castro, Minister of Health of the Republic of Costa Rica.

Mr. Llorca Castro (Costa Rica) (*spoke in Spanish*): Costa Rica is delighted to join the consensus around the adoption of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex). Costa Rica also aligns itself with the statement recently delivered by the representative of Argentina on behalf of a group of countries (see A/70/PV.97).

Costa Rica would like to acknowledge the facilitators of this important process, the representatives of Switzerland and Zambia, and thank them for their work. It would also like to thank Secretary-General Ban Ki-moon for convening this important and necessary meeting.

My country has been engaged in the fight against HIV and AIDS for many decades in both the public and private sectors, with a focus on human rights and gender, seeking always to optimize the resources available to treat confirmed cases, while promoting prevention and the adoption of interministerial and intersectoral strategies aimed at a comprehensive response. Our efforts have enabled us to address the problem at the institutional level by providing treatment to all affected by the virus, and we continue to work to reduce the incidence, especially in key populations that are considered most vulnerable.

We recognize the need to begin the evaluation process to determine whether we have eliminated vertical transmission in Costa Rica, as Cuba has already done in Latin America. To that end, we have made a formal request to the Pan American Health Organization and the World Health Organization with regard to starting the evaluation process. We hope soon to obtain accurate data from the evaluation in order to improve our work.

We recognize the need to eliminate the stigma and discrimination associated with HIV and AIDS. However, we continue to encounter discrimination in the care of vulnerable distinct groups, such as transgender persons or people involved in prostitution. In response, the Government of Costa Rica, with the participation of the President of the Republic, has announced compulsory care with guaranteed long-term treatment, for humanitarian and public health reasons, of all cases of sexually transmitted diseases, including HIV cases, whether or not they have health insurance or are nationals or foreigners.

In order to treat those affected by the virus, they must first be properly diagnosed. As a result, we have launched a programme funded by the Global Fund to fight AIDS, Tuberculosis and Malaria comprising mobile units located in two of the largest areas of the country with most-at-risk populations, including the transgender population and people involved in prostitution. At the same time, rapid testing with universal coverage is in the final phase of implementation. In Costa Rica, the resistance to adopting it has been baffling, since the enzyme-linked immunosorbent assay is strongly supported by health professionals. In order to counter this trend, a comparative study was conducted to demonstrate that the sensitivity and exactitude of the assay showed little change when it is applied.

As a country, we appreciate the valuable cooperation of international organizations, in addition to the many non-governmental organizations (NGOs) that provide our projects with technical and financial assistance. However, at the same time, as a country committed to ending the AIDS epidemic by 2030, we appeal to those organizations and NGOs to promote our pilot projects, with a view to a final structural phase to formalize the best practices and structural changes that will lead to the ideal society that we seek; otherwise, the positive results of those projects will become anecdotes about the best practices to be taken into account, when in reality they could go much further by contributing to achieving the world without AIDS that we all seek.

Costa Rica will remain committed to such progress and to the 2030 Agenda for Sustainable Development (resolution 70/1) as our common goal.

The Acting President: I give the floor to His Excellency Mr. Jagat Prakash Nadda, Minister of Health and Family Welfare of the Republic of India.

Mr. Nadda (India): I am happy to join all who are here today for this high-level meeting on HIV/AIDS. I also commend the efforts of the Permanent Representatives of Switzerland and Zambia for steering the difficult negotiations on the Political Declaration on HIV and AIDS (resolution 70/266, annex) to a successful conclusion.

We have come a long way in our collective fight against the spread of the AIDS epidemic that had engulfed large sections of populations across the world. Strong political will and concerted targeted action over the past decade and a half have contributed to strong achievements in pushing back the epidemic. The number of HIV-affected people living on antiretroviral therapy has increased substantially, and the annual number of AIDS-related deaths has gone down considerably. Those remarkable successes have demonstrated that the target of ending the AIDS epidemic by 2030 is realistic. Sustained political commitment and action are necessary to address the scale of the challenges ahead.

India, which faced the spectre of the disastrous consequences of the AIDS epidemic 15 years ago, has been able to manage the challenge effectively. Deaths due to AIDS have been reduced by nearly 55 per cent since 2007. New HIV infections have been reduced by 66 per cent since 2000, and about 1 million people affected by AIDS are currently on antiretroviral therapy. Targeted interventions based on close collaboration with and the empowerment of communities and civil society, with appropriate funding from the Government, have helped to deliver key life-saving services to the affected population.

Those remarkable successes would not have been possible without access to affordable medicines. The low-cost generic medicines produced by the Indian pharmaceutical industry have been instrumental in scaling up access to HIV treatment, not only in India but in other parts of the world, especially in the developing countries most affected by the scourge. More than

80 per cent of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. The accessibility and affordability of drugs have helped save millions of lives around the world.

India is proud to be one of the leading partners in the global fight against the AIDS epidemic. We are collaborating actively with a range of partner countries and stakeholders, including the Joint United Nations Programme on HIV/AIDS (UNAIDS). I discussed various aspects of the issue with a number of fellow Ministers from Africa, at a special multi-stakeholder event on the sidelines of the Third India-Africa Forum Summit, hosted by India last October in New Delhi. Only a few days ago, at the sixty-ninth session of the World Health Assembly in Geneva, my ministerial colleagues, on behalf of the Brazil, Russia, India, China and South Africa (BRICS) ministerial group, hosted a very well attended discussion on the importance of affordable medicines. In October, the BRICS Health Ministers also reaffirmed their commitment to putting their countries on the fast track to end the AIDS epidemic by 2030.

I would like to propose five ways in which the global family can act together in the next five years.

First, we agree that we must adopt the fast-track targets proposed by UNAIDS. Reaching 90 per cent of people in need with HIV treatment and prevention must be our primary goal. Prevention must not be forgotten even as we provide treatment for all people living with HIV. This is a time when we must maximize the impact of all known prevention and treatment efforts. HIV service delivery can become a model for expanding health coverage to all aspects of health.

Secondly, we must increase investments. The role of international assistance and cooperation cannot be underestimated. Now is the time for developed countries to do more, not less, and to enhance their commitments. We cannot afford to give the epidemic a chance to rebound.

Thirdly, we need to ensure access to affordable medicines and commodity security. India is committed to maintaining the flexibilities of the Agreement on Trade-Related Aspects of Intellectual Property Rights. We reiterated this commitment in 2015 during the Third India-Africa Summit, responding to the call of our brothers and sisters in Africa.

Fourthly, we need to create an inclusive society that values every human life. Our success in targeted interventions comes from the belief in restoring the respect and dignity of individuals. At-risk and vulnerable populations, particularly women and girls, need protection from sexual abuse, exploitation and violence. Societal change is slow, but we must not give up on the principal value that all men and women are created equal.

Fifthly, global solidarity is necessary. We are in this fight to end the AIDS epidemic together. All forms of cooperation — including North-South and South-South cooperation, multilateral and bilateral cooperation, as well as collaboration among Governments, the private sector and civil society — must be strengthened. The multisectoral response to AIDS should not be sacrificed in favour of a narrow biomedical approach. The only way we can decisively end the epidemic is by being united in our efforts.

This high-level meeting will leave a mark on history. Let it be remembered as a time when the world took bold decisions based on science and when narrow divisions were buried in favour of creating an inclusive society, paving the way to end one of most devastating modern scourges.

The Acting President (*spoke in French*): The Assembly will now hear an address by His Excellency Mr. Faustin Archange Touadera, President of the Central African Republic.

President Touadera (*spoke in French*): It is a real pleasure to address the General Assembly on the important theme of fast-tracking the end of AIDS. On behalf of my people, I thank the Secretary-General and the Organization he leads for the key role that the United Nations has played since the 2001 meeting in Abuja on mobilizing and increasing resources to fight HIV/AIDS in developing countries, particularly in Africa.

In Istanbul on 23 May, I had the opportunity to say that the multiple crises in my country have led to an unprecedented humanitarian crisis. That humanitarian crisis has undermined all our efforts to counter HIV/AIDS by slowing the multisectoral response to HIV/AIDS, as a result of which we have seen a minimal increase in the various indicators that allow us to evaluate the level of implementation of various programmes created in response to our 2011 Declaration of Commitment.

Between 2013 and 2014, almost one third of patients in antiretroviral treatment were unable to continue their treatment because of the massive displacement of populations and difficulties in organizing their care. My country has nevertheless enjoyed the support of all agencies of the United Nations system, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, bilateral partners and non-governmental humanitarian organizations. Those interventions have allowed us to face the twofold challenge that the Central African Republic confronts: on the one hand, the burden of the HIV epidemic, manifested by a prevalence of 4.9 per cent in 2010 and, on the other, the consequences of the crisis on the quality of our response. Thanks to this support, we have been able to partially halt the negative effects of the crisis and to maintain the decline in its prevalence to the level initially foreseen in the Spectrum model.

The early results of an on-site sentinel screening survey of pregnant women indicate a prevalence rate of 4.4 per cent. Nevertheless, despite the efforts deployed, many challenges must be overcome if the Central African Republic is to align itself with other countries in fast-tracking its actions to end the HIV/AIDS epidemic by 2030. It is with that in mind that the country has adopted a national strategic plan for the intermediate period of 2015-2020 so as to contribute to the intensification of global efforts during this brief window of fast-tracking our actions. Our main goal is to increase to 90 per cent the currently very weak antiretroviral coverage, which is now at 24 per cent. Particular focus will be placed on preventing new infections. The resources needed to implement the strategic plan are estimated to be approximately €240 million. While expressing my most sincere thanks to those who have supported us in this long-term fight for a number of year, I take this opportunity to call on our development partners to support our actions. Long live the international and national partnership in the fight against HIV/AIDS.

The Acting President: I now give the floor to Her Excellency Ms. Veronica Skvortsova, Minister of Health of the Russian Federation.

Ms. Skvortsova (Russian Federation) (*spoke in Russian*): I welcome all to this high-level meeting on one of the most acute problems of global health care, namely, HIV/AIDS. Included among the key elements of the 2030 Agenda for Sustainable Development (resolution 70/1) is the target to end the HIV/AIDS epidemic by the year 2030. The Russian Federation considers the issues linked to combating HIV to be among the most significant we face. The Russian Federation Ministry of Health, together with specialists and civil organizations, has developed a special Government strategy to effectively combat HIV infection to 2020 and beyond that defines the major principles and activities of our country's HIV/AIDS policy.

The key strategic focus areas in the fight against HIV/AIDS were chosen based on their potential to contribute to the efforts to deal with that complex problem. For first-time prevention, we are implementing a series of intersectoral measures, including psychologically tested educational programmes, with clear information for various ages and social groups, above all young people. We are widely using television, other media, social Internet networks and Russian and regional events in advocating voluntary HIV testing.

Russia has joined a group of global leaders in efforts to end the vertical transmission of HIV by way of carefully considered preventive measures implemented over a decade. Today, 98 per cent of Russian children born of HIV-positive mothers are born healthy. To prevent the spread of HIV infections among drug users, we are implementing a comprehensive rehabilitation and reintegration programme based on a demand-reduction strategy or voluntary motivation to refrain from using narcotics. Along with not-for-profit organizations and religious denominations, we are creating rehabilitation centres where modern medical, psychological, educational and social technologies are in use.

In Russia, no-cost HIV screenings are carried out yearly — anonymously if so desired — for more than 30 million people, or 20 per cent of the population. The volume of antiretroviral therapy for HIV-infected citizens has grown fivefold in the past few years, to 37 per cent of all of those under observation. In many regions in more difficult situations — for example the Crimea, where, in 2014 we noted a spike in HIV infections based on increased drug use — the statistics are significantly higher, which in 2015 alone allowed us to lower the death rate from HIV infection by more than 26 per cent in that region.

So as to further increase the volume of the 90 per cent target indicators in the country, we are undertaking comprehensive measures to increase commitment to treatment, which has recently risen by one third to

over 70 per cent, and to decrease the cost of purchasing medication, which is provided at no cost to those infected. The use of standardized treatment modules recommended by the World Health Organization (WHO) — through centralized State procurement, the broad use of generic medications and, most importantly, the policy of replacing imports — allowed us to more than halve prices in 2015, while for certain medications prices have decreased even further.

It is important to stress that the activities undertaken to combat HIV/AIDS in Russia are financed by the federal budget, thereby freeing those infected from any financial burden. Moreover, Russia provides financial support to programmes to combat HIV/AIDS in other Eastern European and Central Asian countries.

Today we have adopted the Political Declaration on HIV and AIDS (resolution 70/266, annex), which lays out a systematic intersectoral approach to resolving the issue of HIV/AIDS at the national, regional and global levels. Its success will depend largely on effective national programmes to combat HIV/AIDS that are based on common global goals, while taking national situations and legislation into account. That will serve as our reference point in the implementation of the Political Declaration. We hope that the business community will assist in resolving the problem of HIV, especially concerning increased access to medication.

In conclusion, I wish to express my conviction that our joint effort will lead to a significant decrease in the burden of HIV/AIDS around the world. Russia will participate actively and effectively to that end.

The Acting President: I now give the floor to His Excellency Mr. Armen Muradyan, Minister of Health Care of the Republic of Armenia.

Mr. Muradyan (Armenia) (*spoke in Russian*): The commitments undertaken by the Government of Armenia in joining the adoption of the 2001 Declaration of Commitment on HIV/AIDS and subsequent political declarations have fundamentally changed Armenia's conceptual approach to the HIV/AIDS response. The country has strengthened its political commitments on HIV/AIDS based on its responsibility to the public sector and civil society and for the future well-being of the Armenian population.

The country administers a closely linked system of services on HIV/AIDS, tuberculosis and maternal and child health, thereby ensuring early diagnosis, the provision of quality health care and the most effective treatment, as well as other medical services for all of those in need.

It should be noted that donors and international organizations play an essential role in achieving success. Armenia is one of the recipient countries of the Global Fund to fight AIDS, Tuberculosis and Malaria and the Russian Federation's Technical Assistance Programme for Countries of Eastern Europe and Central Asia in Combating Infectious Diseases. Under those programmes significant contributions have been made to Armenia's health-care system, including new infrastructure and improved access to HIV prevention and treatment services.

Armenia is responding to HIV/AIDS in accordance with the Joint United Nations Programme on HIV/AIDS (UNAIDS), especially the agreed AIDS action framework that provides the basis for coordinating the work of all partners, Armenia's national AIDS programme and technical assistance provided by UNAIDS, the World Health Organization (WHO) and other partners. Programmes implemented in the country through external financing are being carefully evaluated and demonstrating performance ratings greater than 100 per cent. The fact that HIV prevalence is no more than 5 per cent in any of the populations practicing risky behaviour, and significantly below 1 per cent among pregnant women, demonstrates the effectiveness of the preventive measures.

Despite the fact that the Eastern Europe and Central Asia region, which includes Armenia, is presently experiencing the fastest-growing HIV epidemic in the world, Armenia has a low HIV prevalence rate among adults, at only 0.2 per cent. The spread of the HIV/AIDS epidemic in our country is characterized by the key fact that the majority of registered HIV/AIDS cases are found among labour migrants infected abroad, where risky behaviour and limited access to health care, prevention and information services increase migrants' vulnerability to HIV infection in the host countries, thereby impacting morbidity rates and resulting in late diagnoses and decreased treatment effectiveness.

Armenia has gained considerable experience and recorded a number of achievements in responding to the HIV/AIDS epidemic at the inter-agency level, and through HIV prevention, treatment and services integration. In addition, as of 2001 no case of HIV transmission related to donated blood has been registered

in the country. As an important accomplishment it should be noted that, from 2007 to date, no HIV case has been registered among children born to HIV-positive mothers. Armenia has achieved the WHO indicators and targets to validate the elimination of mother-to-child transmission of HIV, based on which the country initiated the validation process. As a result of the WHO/UNAIDS experts mission, the country's achievements in that area were approved by the WHO Global Committee. Today I am delighted to state that owing to our consistent effort, Armenia has just become one of the first countries in the world to receive WHO certification of the elimination of mother-to-child HIV transmission.

We hope that in future the Global Fund, through donor countries and organizations, as well as United Nations agencies and other partners, will play a significant role in supporting implementation of the national AIDS programme. Global solidarity and collaboration will be the cornerstone of our efforts to end the AIDS epidemic. I also hope that this high-level meeting will provide new impetus in achieving universal access for people living with HIV/AIDS to treatment, support services and quality health care, making it possible to end the AIDS epidemic by 2030.

Today we face the serious problem of reductions in donor funding, in particular as provided by the Global Fund. The Armenian Government has already increased the State budget allocation for the HIV/AIDS response and committed to its gradual increase in the coming years. However, it will be insufficient to cover all of the needs — all the more since we must end the AIDS epidemic.

The 2030 Agenda for Sustainable Development (resolution 70/1) establishes new commitments for countries to achieve 17 Goals in the next 15 years, as an incentive to take action in areas of great importance for humankind. Armenia has made significant progress in achieving the Millennium Development Goals. However, much work remains to resolve the remaining problems and address the issues on the agenda.

Today the President spoke of Nelson Mandela (see A/70/PV.97), and in quoting him posed a question: What is worse — war or HIV/AIDS? Truly, where is justice when a child is born with HIV — a child who has done nothing wrong, but been born already with HIV? Where is justice? Where is justice when those who wish to study in their own country, study their own language, live in their own country, where there parents and grandparents have lived, cannot? Where is justice when those who want to live in their country, in Nagorno Karabakh, are faced with the issues of two months ago? Which is worse — the HIV virus or the virus of inhumanity? When the virus of hatred affects those at the highest levels of Government in their country, it affects their brains and leads them to become vandals who issue orders to "Kill the elderly and the children", then it becomes difficult to answer those questions?

Today Armenia has eliminated mother-to-child HIV transmission. The next generation may not know the meaning of HIV or war, if today we can provide an answer to those questions. I am sure that future generations will not have to decide which is worse, rather, they will have to decide which is better — peace or empowerment?

The Acting President: I now give the floor to His Excellency Mr. Hermann Gröhe, Federal Minister of Health of Germany.

Mr. Gröhe (Germany): Let me first of all align myself with the statement to be delivered on behalf of the European Union and its member States.

Ending AIDS by 2030 is a huge promise. It is a commitment that all people living with, or affected by, HIV are counting on. The 2030 Agenda for Sustainable Development (resolution 70/1) is a milestone in global health policy. It is our sacred responsibility to fulfil that promise and achieve the ambitious goals set out in the Agenda.

As stated by the Secretary-General,

> "The AIDS response has delivered more than results. It has delivered the aspiration and the practical foundation, including the medical advancements, interventions and partnerships, to end the epidemic by 2030. All that truly remains, the missing link that will determine whether fast-track targets will be met or missed, is the political commitment to implement our proven tools adequately and equitably." (*A/70/811, para. 3*)

HIV and AIDS remains a challenge for every society, not only from a health perspective. It serves as a call for every Government to take responsibility and show political leadership if we want to fulfil our common commitment of leaving no one behind.

Due to the fact that HIV is affecting the most disadvantaged and stigmatized groups, political leadership is of the utmost importance. The social exclusion or stigmatization of individual groups based on their gender, sexual orientation, ethnic origin or behaviour promotes the spread of new HIV infections. That also means that we will be unable to achieve the fast-track goals without removing laws that punish homosexuality or fail to recognize drug addiction as illness.

Of grave concern are adolescent girls and women, who are at particular risk and affected by the HIV epidemic in many regions. Advancing gender equality and the empowerment of women and girls is essential to effectively end AIDS, which is the leading cause of death among adolescents globally, and adolescent girls are the only group among which AIDS-related deaths are rising. We must ensure that adolescents and young people have access to comprehensive sexuality education and user-friendly sexual health and HIV services.

The experience of Germany over the past years shows that access to quality sexuality education does not result in earlier sex. Instead, it has the opposite effect. In fact we have one of the lowest teenage pregnancy rates worldwide.

In recent years Germany has increased its overall financial commitment in the area of global health to €800 million annually. We support bilateral programmes on HIV. We are committed to the Global Fund to Fight AIDS, Tuberculosis and Malaria and are looking forward to a successful replenishment conference in September.

The Joint United Nations Programme on HIV/AIDS remains key in coordinating and strengthening the multilateral response to the AIDS epidemic. Investment in health is investment in the future. Strong, resilient and sustainable health systems are essential to realizing our joint vision as a global community and AIDS-free world by 2030.

Germany has been very successful in its national HIV response. However, we will continue to strengthen our efforts to significantly reduce new HIV infections, especially in the group of men having sex with men. To that effect, we recently adopted our new integrated strategy on HIV, hepatitis B and C and other sexually transmitted infections. With the new, integrated approach, we want to sustainably contain those infections by optimizing integration and coordination of HIV services with other relevant services.

Taking account of common modes of transmission and increased rates of co-infection among key populations, the strategy aims at providing person-centred and holistic prevention and care interventions. Removing the taboo from sexually transmitted infections and embedding HIV into the context of other sexually transmitted infections may also contribute to reducing the stigma and discrimination associated with HIV and AIDS.

As mentioned by Secretary-General Ban Ki-moon, we must avoid any complacency in the AIDS epidemic. Approaches and mechanisms pioneered by the AIDS response can serve to overcome systemic challenges that give rise to repeated disease outbreaks and new epidemics of chronic diseases, while building towards equitable universal health coverage. That will be possible only if all political leaders assume their responsibility, engage our youth and work meaningfully and based on trust together with civil society and people living with HIV.

In that spirit, I reaffirm Germany's commitment and my country's responsibility in assuming the responsibility that we all share as States Members of the United Nations.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Mouly Ieng, Senior Minister and Chair of the National AIDS Authority of Cambodia.

Mr. Mouly (Cambodia): First of all, I would like to congratulate the General Assembly on its adoption of the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex).

The success achieved by Cambodia has not happened by chance or because of the nature of its epidemic, but due to the strong and firm political commitment and the combined efforts of stakeholders such as the Government, development partners, non-governmental organizations, civil society, the private sector, people living with HIV and high-risk group networks. Together they made a joint decision, at all levels, on the development and implementation of the "three ones" principle.

Over 25 years, the national AIDS response, under the leadership, management and coordination of the

Royal Government of Cambodia, represented by the National AIDS Authority, has evolved and adapted to new challenges and opportunities, resolutely moving from epidemic control towards eliminating new infections, new AIDS-related deaths and discrimination by 2025 by ensuring access to quality prevention, care, treatment and support for people living with HIV and key affected populations. We can cite the following facts as significant evidence of that.

First, Cambodia created the National AIDS Authority as the single leading, managerial and coordinating body of the Government to oversee the HIV/AIDS epidemic and the multisectoral, comprehensive response.

Secondly, Cambodia adopted an HIV/AIDS law to create positive enabling environments to mobilize participation and tolerance from all strata of society, including the religious community and the public at large, to reduce discrimination and stigmatization towards people living with HIV/AIDS.

Thirdly, Cambodia enacted policies and strategies to effectively target all high-risk populations, such as entertainment workers, men who have sex with men, drug users and others, so they have better access to the continuum of prevention, care, treatment and support and to make sure that they are not driven underground and no one is left behind.

Fourthly, with the initiative of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Cambodia was able to scale up the effectiveness of its prevention, care, treatment and support programme to reach more than 80 per cent of its target group in terms of geographic and service coverage.

As a result, some of Cambodia's achievements include the following. The HIV prevalence rate has gradually continued to decline, from 2 per cent at its peak in 1998 to 0.6 per cent by 2015. More than 90 per cent of the general population has knowledge of HIV/AIDS that could successfully prevent them from transmitting HIV. More than 80 per cent of high-risk groups use condoms consistently and regularly during sexual intercourse. More than 80 per cent of pregnant women can access the prevention of mother-to-child transmission programme. More than 80 per cent of people living with HIV and AIDS who are in need of antiretroviral treatment receive it regularly. More than 70 per cent of people living with HIV/AIDS, as well as orphans and children vulnerable to HIV/AIDS, receive social support regularly, including in the areas of nutrition, health care, schooling, income generation, et cetera.

I would like to take this opportunity to inform the international community of my Government's political commitment to reach the goals of the "three zeros" on HIV/AIDS as part of the Sustainable Development Goals on leaving no one behind. The Royal Government of Cambodia will redouble its efforts and commitments and join hands with Member States, under the leadership of the Secretary-General, to end the AIDS epidemic by 2030. Therefore, based on the need for a transformative moment in the fast-track approach to end the AIDS epidemic and the pledge to leave no one behind, Cambodia will continue to recognize HIV/AIDS as a major public health and social development issue by placing it at the top of the country's agenda in meeting its national strategy for a comprehensive and multisectoral response to HIV/AIDS.

Cambodia will remove all legal, regulatory, policy-related and social barriers by revising the current law, strategy and policy to make sure that the people-centred system is strengthened and basic rights are safeguarded to eliminate all forms of discrimination and stigmatization against people living with HIV. We will also continue improving the quality of prevention, care and treatment for key populations with respect to equity, effectiveness and efficiency.

Cambodia will also take into account the social determinants of HIV by addressing the root causes of fragile and neglected communities and populations. We will seek to break the conspiracy of silence by engaging community empowerment and mainstreaming and integrating the HIV and AIDS response into sustainable community development and investment plans.

We will work to bring high-risk and vulnerable groups out of the shadows by giving them full access to HIV/AIDS services, in accordance with their human rights, dignity, the principle of gender equality and the goals of ending gender-based violence and ensuring non-discrimination. We will work with all stakeholders as the key to accountability and transparency in the response to HIV.

Cambodia will accelerate and increase investment through innovative financing mechanisms, while recognizing shared responsibility and country ownership, by mobilizing financial commitments and contributions from all sources, especially via a

commitment to increase the national budget by 7 per cent per year.

We will strengthen the national monitoring and evaluation system to gather reliable, accurate and valid information on the HIV/AIDS epidemic, as well as on the progress, effectiveness and achievements in the response, to be used as scientific evidence for decision-making and for sharing in regional and global forums.

Finally, I highly value all the work carried out by Secretary-General Ban Ki-moon, who has always taken the lead in mobilizing the Global Fund to support many countries, including Cambodia, in their capacity to scale up effective interventions to achieve universal access. In addition, I would like to express my sincere appreciation to the developed countries that make financial commitments and contributions to the Global Fund.

The Acting President (*spoke in French*): I now give the floor to Mr. Gabriel Wikström, Minister of Public Health, Health Care and Sport of Sweden.

Mr. Wikström (Sweden): The science we know. The knowledge we have. The tools are there. We can end AIDS by 2030.

But to stop the HIV epidemic and the attitudes and discrimination that spread it, to reach zero AIDS-related deaths, we must act now. To do that, we will need real cooperation and coordination across sectors and borders. The Political Declaration just adopted (resolution 70/266, annex), the 2030 Agenda for Sustainable Development (resolution 70/1) and the fast-track strategy of the Joint United Nations Programme on HIV/AIDS (UNAIDS) will provide us with the means to do that and succeed.

Agenda 2023 is a unique opportunity for a real and integrated response to HIV/AIDS. It is an opportunity to really improve the health of women and girls, men and boys. It must also be fully grounded in human rights. Ending AIDS means defeating HIV in everybody, in all humans everywhere, regardless of ethnicity, age, sex or disability; regardless of HIV status, sexual orientation or gender identity. Human health means human rights, and vice versa. Laws that criminalize or discriminate against people's sexuality or their HIV status violate their human rights. Every time a law or practice violates those rights, it validates social stigma, which in turn directly harms universal care and undermines prevention. Zero new infections means scaling up primary HIV prevention, which works only when based on science and evidence.

Therefore, fully respecting human rights is a prerequisite to effectively treating and preventing HIV. To really end AIDS, we must end discrimination and stigma against lesbian, gay, bisexual, transgender and queer people, men who have sex with men, people who inject drugs, people who sell sex and people who live with HIV. Ending AIDS means reaching at-risk populations. Globally, more women of childbearing age are killed by AIDS than by any other disease. We must scale up efforts to reach women and adolescent girls and empower more girls and young women. We must strengthen gender equality — in Sweden and all over the world. To put old, destructive attitudes, behaviours and norms behind us, we must involve boys and men. They too need access to sexuality education and services for sexual health.

Those at risk also include all refugees and migrants. They face real risks to their physical, mental and sexual health, including the risk of HIV. Asylum-seekers must be reassured that their HIV status will not affect their application and that they are guaranteed access to treatment. In ending AIDS, knowledge is key.

The vital decisions every girl, and every woman, boy and man makes about their own body and their sexual life must be informed decisions. Everybody should have access to comprehensive sexuality education. Young people make up half the world population, yet their knowledge and needs are neglected. They are part of the solution, so they must be included in planning and implementing HIV and sexual and reproductive health and rights programmes. We must work with civil society and other non-State actors too. People living with HIV and key populations know more about the problems and solutions than many of us here today.

Let me assure the Assembly of Sweden's full support for the Political Declaration of this high-level meeting and for the fast-track initiative to end AIDS in the age of sustainable development.

Sweden has reached the 90-90-90 UNAIDS targets. But this is a global agenda, for all people worldwide. Therefore all of us as Member States must work together with civil society and the private sector to end AIDS, stigma and discrimination. A fully effective approach requires us to take action based on science and evidence and to act now.

The Acting President: I now give the floor to His Excellency Mr. Cleopa Mailu, Cabinet Secretary of the Ministry of Health of Kenya.

Mr. Mailu (Kenya): Allow me, on behalf of the delegation of the Republic of Kenya, to express my sincere gratitude to the General Assembly for convening this high-level meeting on HIV and AIDS. This is irrefutable proof that the General Assembly is fully committed to ending AIDS as a public health threat by 2030.

As a steadfast member of the global community, the Government of Kenya is delighted to be participating in this high-level meeting organized to track our progress and to make new commitments that will enable us to attain the Sustainable Development Goals on HIV and AIDS. Kenya therefore aligns itself with the African position.

As we meet to reflect on the achievements in the global HIV response, we recognize that it has been significant in shaping services and programmes in the health sector and in other sectors in our country. Kenya has learned that a committed multi-sector HIV response can rally the resources of different Government agencies, communities and partners towards a common goal and improve access to services, even for the most vulnerable in our communities.

Kenya has recorded significant progress. HIV prevalence has dropped to 6 per cent from 13 per cent a decade ago. HIV incidence has fallen 45 per cent, from 110,000 new adult infections to 72,000. The mother-to-child transmission rate has dropped 63 per cent since 2011, when the world committed to the elimination of such transmission. And Kenya is on track to reaching the 5 per cent goal in that regard.

Kenya has aggressively scaled up treatment and put over 900,000 people living with HIV on life-long antiretrovirals, having initiated treatment for 150,000 people in the past year alone. Seventy-two per cent of Kenyans have been tested at least once. With all those interventions, we have averted close to half a million deaths in the country.

The gains we have made have been driven by many factors. The HIV response has received much political support from the President of the Republic of Kenya and the First Lady's Beyond Zero Campaign, which allows us to focus on maternal and child care in our country. In addition, high-quality research has informed national policy and practice. Kenya's globally acclaimed, revolutionary HIV prevention road map guides our investments. A single policy framework, the Kenya AIDS strategic framework, a robust surveillance and reporting system, provides up-to-date data in a dashboard, dubbed the Kenya HIV situation room, that is available to the President, the Cabinet Secretary and other leaders to monitor. This strategic decision has enhanced programme quality and outcomes.

In spite of those gains, gaps and challenges continue to exist. There are disparities in the prevalence rate, the coverage of services by geographic areas and among populations and age groups across the country. The coverage of antiretroviral treatment among children is limited, and the number of new infections is still unacceptably high, especially among priority and key populations. Of special concern is our youth, whose primary cause of death is AIDS-related illnesses and who in 2015 represented 46 per cent of our 72,000 new adult infections. This has been associated with stigma and discrimination and limited access to information and services for this age group.

To address the gaps for Kenya and the world, my delegation therefore strongly urges this high-level meeting to adopt the bold commitments in this political declaration. The world needs commonly agreed HIV prevention targets. With 2 million new infections globally, we must commit to frontload resources for investments in HIV prevention. That must include addressing structural drivers of the epidemic, especially among girls and young women, promoting cross-sector accountability and HIV prevention, care and education in schools. Kenya therefore commits to implement the global 90-90-90 strategy and is adopting the World Health Organization recommended test-and-treat approach, with an aggressive scale-up in pediatrics treatment.

My delegation recognizes that antiretroviral treatment has increased life expectancy and is for life, and therefore Kenya and Africa must think into the next 50 to 70 years. The cost of antiretrovirals is, and will continue to be, a significant recurrent cost, being equivalent to 26 per cent of Kenya's national Ministry of Health budget in the current financial year. This draws attention to the need to increase domestic resources and find sustainable sources of funds for the HIV response into the long-term.

Furthermore, Kenya urges the removal of all trade barriers that may impede access and affordability of antiretrovirals by countries, especially as they become low-middle-income, while promoting incubation of local industries and easier entry of innovative products into the market.

Kenya recognizes that all the investments we deploy will be meaningful only when people living with HIV can live lives of dignity, free from discrimination. As I conclude, let me once again thank the President for the opportunity to address this meeting and to assure him of Kenya's support for the Political Declaration.

The Acting President: I now give the floor to His Excellency Mr. Roberto Gonzáles Ojeda, Minister of Public Health of Cuba.

Mr. Morales Ojeda (Cuba) (*spoke in Spanish*): Fifteen years after the adoption of the Declaration of Commitment on HIV/AIDS at the special session of the General Assembly in 2001, the world has changed rapidly, but the opportunities to access health services are uneven and inequalities remain one of the main challenges to achieving the overall goals of the 2030 Agenda for Sustainable Development (resolution 70/1). This meeting of the General Assembly provides us with an opportunity to review progress, share experiences and reaffirm the commitments to end the epidemic, as a legacy for present and future generations.

In his report (A/70/811), the Secretary-General recognizes the progress made towards reducing the global incidence of HIV and in social mobilization for respect, dignity and human rights; but there is no room for complacency, as the impact of the economic crisis persists, as do stigma and discrimination, which threaten progress on the fast track to end the epidemic. Guaranteeing a sustainable response to reach the 90-90-90 targets entail guaranteeing the right to health at the international level, as well as exchange and cooperation in addressing the social determinants of health. The developed countries should increase financial support and fulfil their commitments in order to achieve those targets. Undoubtedly, moving forward and tackling HIV/AIDS in the most affected countries require a far-reaching reform of the current international order, which constitutes a threat to the development of our peoples and which is the main source of inequality within and between countries.

In 2015 Cuba was certified by the World Health Organization (WHO) as the first country in the world to eliminate mother-to-child transmission of HIV and syphilis. That achievement is a result of the Cuban Revolution's health policy. Cuba ensures an effective programme of prevention, diagnosis and antiretroviral treatment for people living with HIV. That coverage increases in line with the changes in criteria recommended by WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Sustained progress is being made towards raising social awareness of the elimination of all forms of discrimination on the basis of gender, sexual orientation, gender identity and HIV status.

The Cuban health system is based on the principles of universality and free access, with intersectoral and community participation. That makes it possible for us to exhibit favourable indicators in the control of 29 communicable diseases and the elimination of 14 others, while an additional nine do not pose health problems. The infant mortality rate in Cuba stands at below 5 per 1,000 live births — among the lowest in the world — and life expectancy at birth is 78.45 years.

Developing human capital is both a priority for Cuba and a way to contribute in solidarity with other peoples of the world, where we currently have more than 49,000 health staff in 67 countries.

Cuba believes that the rights to education and health are essential for ending the epidemic. The need to ensure universal health coverage can be met only by strengthening primary health care and promotion and prevention efforts, with differentiated care for vulnerable populations. In that regard, we reaffirm our willingness and readiness to cooperate with other countries of the world that are in need, on the basis of our experience and achievements.

Cuba reaffirms its political commitment and contribution to accelerating the global, regional and country response with great responsibility. Only integration, international solidarity and cooperation can achieve sustainable responses and address the common challenges of the unequal and exclusionary globalized world that threatens us all.

Allow me to conclude with a quote from the historical leader of the Cuban revolution, Fidel Castro Ruz:

> "Yesterday's dreams have become a reality that we are proud of. Today's dreams, too, will become a beautiful reality".

The Acting President: I now give the floor to His Excellency Mr. Bernhard Haufiku, Minister of Health and Social Services of Namibia.

Mr. Haufiku (Namibia): First of all, Namibia would like to congratulate the General Assembly for adopting the 2016 Political Declaration on HIV/AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (resolution 70/266, annex).

Namibia aligns itself with the statement delivered by the representative of Zambia on behalf of the Group of African States, as well as with the statement delivered by the representative of Botswana on behalf of the Southern African Development Community.

Namibia joins the rest of the world in recognizing and celebrating the success in the fight against HIV and in increasing our efforts to get to zero. I am confident that, with the achievements already made, we can reach the 90-90-90 targets by 2020 and ultimately eliminate HIV by 2030. Namibia has achieved 84 per cent national HIV coverage and has made significant progress in preventing mother-to-child transmission of HIV. Our current prevention of mother-to-child transmission coverage stands at 95 per cent. In response to the call by the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) for the allocation of a quarter of our budget to HIV programmes, Namibia has decided to allocate 30 per cent to combination prevention programmes, without necessarily jeopardizing the treatment and care programmes.

Allow me to highlight some commitments and success stories, but also some challenges that Namibia faces, pertaining to HIV/AIDS. There is the political will and commitment in Namibia to ending not only HIV but also poverty. As we all know, poverty and disease are interlinked. That has been demonstrated by our own President's call to end hunger and eradicate poverty, in line with Sustainable Development Goals 1 and 2, adopted here in the Hall in 2015 (resolution 70/1). My Government's commitment is further demonstrated in the funding of 65 per cent of our HIV programme. This will further increase in the short- to medium-term expenditure framework. We also have in place a strategic HIV framework with an implementation plan that includes prevention programmes among key populations and in a targeted manner.

Since June 2015, we have been conducting a pilot plan for the implementation of the World Health Organization's test-and-treat guidelines in three regions of Namibia. We are collaborating with Columbia University here in New York to do a population-based survey next year to get a better understanding of our HIV prevalence.

Another success story is that all our pregnant women who test positive for HIV are put in treatment regardless of their CD4 count. All children under the age of 15 who test positive and anyone who is co-infected with HIV, hepatitis B or tuberculosis is similarly put in treatment. Serodiscordant couples are similarly put in treatment. HIV medication is distributed and dispensed at all our district hospitals, health centres and clinics, and plans are now under way to go beyond to communities, villages and even households. This is what we call "must-tasking".

We have reached out through our prevention and treatment programme to keep populations such as sex workers, truck drivers, young adults between the age of 15 and 29 and prisoners from being left behind. We have a functioning school health education programme with comprehensive sexual education, which is essential to preventing infection among young people. In order to face Namibia's current challenges with regard to human health resources, especially the need for doctors, nurses, public-health experts and field epidemiologists, we are investing in training more community health-care workers to ensure their presence in every village and to enable us to reach out to every household.

My country also faces further challenges, such as low rates of male circumcision in certain regions, low rates of male HIV testing, unmet family-planning needs, including limited availability of condoms, limited youth-friendly health services and lack of coordination among stakeholders at the national level.

Going forward, our action will be focused on the effective implementation of universal health coverage to ensure access to quality and affordable health services for all Namibians; specific programmes targeted to hotspot and key populations; increasing cooperation and collaboration between the public and private sectors, as well as other stakeholders such as civil society and community-based organizations; continuous training and deployment of community health workers in all regions of Namibia to make sure no one is left out; and increased domestic resources,

mobilization and allocation to health, especially HIV combination prevention programmes, to ensure that the gains made over the years are not reversed.

In conclusion, working towards reaching the fast-track target would require continuous investment in prevention, care and treatment as well as support for everyone, with an emphasis on key populations and adolescents so they are not left out. Finally we would like to thank those who have helped us and worked with us in our efforts to combat HIV, notably the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief, UNAIDS and other United Nations agencies.

The Acting President: I now give the floor toHis Excellency Mr. Piyasakol Sakolsatayadorn, Minister of Public Health of Thailand.

Mr. Sakolsatayadorn (Thailand): Thailand tackled AIDS first by stabilizing it, then rolled it back and reversed it with the strong determination to make it history. The reversal of the epidemic was achieved through 100 per cent condom use among sex workers in the mid-1990s, the prevention of mother-to-child transmission in 2000, and universal access to antiretrovirals in 2003. On top of strong, consistent political commitment, five important factors — five "I"s — have contributed to these achievements.

The first "I" stands for innovation, especially through social innovation. Since the 1990s, the 100 per cent condom use among sex workers and the prevention of mother-to-child transmission have been the most successful innovations. Today, we need additional social innovations to empower biomedical innovations to tackle hard-to-reach groups, especially migrants, men who have sex with men and people who inject drugs, as well as to increase access to counselling and testing and the adherence to treatment.

The second "I" stands for investment, especially local investment, the prevention of mother-to-child transmission is feasible due to the universal coverage of prenatal care and delivery by qualified health-care personnel. In Thailand that is the result of three decades of continuous investment to build up an equitable health-care system managed by qualified and committed personnel. We started universal access to antiretroviral treatment in 2003, mainly supported by the Global Fund. Within three years, the programme was fully financed by the local budget under universal health coverage. Not only have we proved that it is affordable, but we have spent less than 3 per cent of the universal health coverage budget on it. The share of local resources spent on comprehensive HIV/AIDS services was approximately 90 per cent last year.

The third "I" stands for intersectoral actions. In Thailand action is coordinated not only across Government sectors but also across civil society organizations, communities and the private sector, which are fully engaged in policy formulation, implementation, monitoring and evaluation. The members of the Thai delegation to this meeting and the members of the National AIDS Committee are good examples of our intersectoral collaboration.

The fourth "I" stands for intelligence. We have adequately invested in health systems, research and in information systems to ensure adequate intelligence for decision-making and for monitoring progress.

The last "I" stands for intensive. Our intensive approach for the last stretch of our journey, the last miles to reach triple zero, is RRTTR. It stands for reaching key populations, recruiting them into comprehensive services, testing those at risk, treating all those found positive and retaining both negative and positive key populations in the prevention, care and treatment continuum.

We fully stand by the new commitments and reaffirmations made in the Political Declaration (resolution 70/266, annex) adopted today. As we did five years ago, we pledge once again our sincere determination to realize those commitments and targets towards an AIDS-free world. United we stand, together we can. With strong commitments and perseverance, I confirm that we can — we can together fast-track our actions to make AIDS a thing of the past.

The Acting President: I now give the floor to His Excellency Mr. David Pagwesese Parirenyatwa, Minister of Health and Child Care of Zimbabwe.

Mr. Parirenyatwa (Zimbabwe): Zimbabwe fully aligns itself with the statements made by the representative of Zambia, on behalf of the Group of African States, and by the representative of Botswana, on behalf of the Southern African Development Community.

I am highly honoured, on behalf of the people and the Government of Zimbabwe, to have this opportunity to share the progress we have made in the response to HIV/AIDS in the past year. It is also my pleasure to convey to the General Assembly greetings from the

people of Zimbabwe. The HIV/AIDS pandemic remains a major challenge saddling Zimbabwe, the deep social and economic vestiges of which continue to affect our people. I am, however, glad to inform the Assembly that my country has recorded some progress towards ending AIDS by 2030, galvanized by the Millennium Development Goals and the new Sustainable Development Goals.

For 90-90-90 milestone targets in the HIV prevention fast-track targets, Zimbabwe's response to HIV/AIDS has remained anchored in three priorities. The first priority is prevention, the second priority prevention and the third priority prevention. This has been guided by the combination HIV prevention strategy. Our sustained focus on prevention has already begun to bear positive results, as our HIV incidence rate dropped from 0.95 per cent in 2013 to 0.18 per cent in 2015, with the prevalence remaining stable at approximately 15 per cent. That has been the result of a series of high-impact HIV prevention programmes, which were scaled up in the recent past, which include HIV testing services and the prevention of mother-to-child transmission, with that option available at almost all our sites.

We have also emphasized voluntary male circumcision, but also strongly promoted the use of condoms and their distribution, as well as treatment, prevention and behavioural change. We have also prioritized services for key populations, which in Zimbabwe include, among others, young people, particularly in tertiary institutions, mobile truck drivers, sex workers and prisoners, for whom specific prevention programmes have been developed.

I am hopeful that, as a net effect of those programmes, complemented by the HIV self-testing we launched at the International Conference on AIDS and STIs in Africa (ICASA), held in Harare in 2015, 90 per cent of our people will know their HIV status by 2020. We have also allocated $5 million from our domestic funding to stimulate and revitalize evidence-based community-driven HIV prevention interventions.

We took that decision when we realized that our antiretroviral treatment programme was receiving the most support, with prevention lagging behind and therefore raising a fear of a resurgence in new infections. It was also in response to the hotspots mapping exercise that was carried out, which indicated that certain geographical areas had a higher burden of infections than others. This initiative has been buttressed by the multisectoral response machinery, wherein we have leveraged the capacity and ubiquity of stakeholders to reach all communities and all key populations.

With the support from our partners, we have also expanded our antiretroviral therapy programme, the coverage of which has risen from 54.9 per cent in 2014 to 60.2 per cent in 2015 for adults, and from 68.6 per cent in 2014 to 78 per cent in 2015 for children. This progress may appear to be good. We have now seen an increase in cases of drug failures as a consequence of non-adherence. As such, our programmes are now becoming strong around antiretroviral counselling in pursuit of the 90-90-90 targets.

We have also rolled out viral-load testing. We have noted an increasing challenge with co-infection of tuberculosis and cancer. As a result, we have now integrated tuberculosis and cancer into the national response to HIV/AIDS, with the National AIDS Trust Fund supporting joint programmes in the procurement of diagnostic equipment and drugs for the three conditions. More than $1 million was spent in 2015 on the procurement of equipment and drugs for both tuberculosis and cancer. We have also introduced a public-private partnership for the supply of antiretrovirals, wherein our National AIDS Trust Fund is used to procure antiretroviral drugs in bulk, therefore making them cheaper and making them available to private pharmacies at a reduced price. Those drugs are targeted at medical aid clients who do not like attending public facilities. The initiative has resulted in the price of antiretroviral drugs in the participating pharmacies dropping from around $70 to approximately $17 for an individual's one-month supply. In turn, the initiative has recovered over $1 million in slightly over a year that we have ploughed back into the scheme to procure more drugs.

My country is very proud to have successfully hosted the eighteenth International Conference on AIDS and Sexually Transmitted Infections in Africa, which brought together over 4,700 representatives from around the world, including scientists, health workers, policymakers, people living with HIV and AIDS and community leaders and activists working in the field of HIV and AIDS, sexually transmitted infections, tuberculosis, malaria and Ebola. We have already begun implementing some of the recommendations and declarations made at the conference. I am also proud to inform the Assembly that we continue to

receive delegations from various African countries to share our experiences and lessons in initiating and managing AIDS.

Going forward, my country will continue to scale up and prioritize HIV prevention, especially as we push regional revitalization of HIV prevention so they have a local impact in our countries. We shall also pursue, test and treat strategies for all people living with HIV to access treatment while ensuring that the majority can also suppress their viral load, in line with the 90-90-90 targets.

Zimbabwe is strongly advocating for a fourth 90 for prevention — in other words we are advocating for 90-90-90-90 targets, so that the fourth 90 is for prevention. We hope that that will help us halt new HIV infections. Zimbabwe is working towards ending AIDS and other epidemics by 2030, as espoused in the Sustainable Development Goals. In doing that, we will also prioritize key populations and community interventions, while integrating AIDS, tuberculosis and cancer to save on resources and achieve better parity within the global time frame.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Saïd Aïdi, Minister of Health of Tunisia.

Mr. Aïdi (Tunisia) (*spoke in French*): I am pleased to attend the 2016 high-level meeting on ending AIDS, the first being held after 2015 and the adoption by the General Assembly of the 2030 Agenda for Sustainable Development (resolution 70/1).

I would like to take this opportunity to express, on behalf of Tunisia, our gratitude for the determination of all countries to end this public-health threat. Much remains to be done, and efforts must be intensified at the global level to end this epidemic by 2030. We therefore welcome the adoption this morning of the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (resolution 70/266, annex).

Since the early 1980s, Tunisia has been a part of the global AIDS response. Its approach has always been people-centred and based on the principles of rights and equality in health care. The country's new Constitution, adopted in 2014, is a major opportunity to strengthen the progress made in combating HIV. Strengthening respect for human rights, gender, equality and access to health-care services and social protection without discrimination will allow an acceleration in our national response.

National strategic plans to combat AIDS have been regularly developed and implemented since the year 2000. Those plans have always been inspired and aligned with global strategies. They have always integrated and included screening, combined prevention and access to treatment, as well as the fight against stigmatization and discrimination. Our strategic plans have created a broad partnership between different Government sectors, United Nations agencies and civil society, as well as the growing involvement of communities of people living with HIV and those most at risk and vulnerable populations.

For the 2015-2018 period, a national strategic plan was developed on the basis of genuine cooperation with stakeholders in every region of the country so as to intensify the national response to HIV to achieve the three zeros: zero new infections, zero AIDS-related deaths and zero discrimination.

The 2030 Agenda for Sustainable Development (resolution 70/1) is at the heart of the current reforms of the Tunisian health-care system. Our reforms prioritize a strategic pillar of prevention and a health-care policy that is citizen-centred. Its primary objective is to consolidate our achievements in prevention and containment of major endemic diseases. Its second objective is to meet new challenges. The fight in combating HIV is an integral part of those challenges and requires additional resources and technical and programmatic innovations at the national level.

Even though the AIDS epidemic in Tunisia has a low prevalence rate, we are aware of its increase in the most exposed and vulnerable populations. We remain determined to deal with it and join the global appeal launched by the Joint United Nations Programme on HIV/AIDS to fast-track the response so as to end the AIDS epidemic by 2030 and to leave no one behind.

Tunisia, alongside the League of Arab States, has also contributed to the development of the Arab AIDS strategy for the period 2014-2020 and adopted its targets and objectives with this strategy as a guide. Let us nevertheless be aware of the challenges we face, such as inadequate access to screening and treatment in many of our countries, gender disparities and discrimination, as well as a lack of funding due to the global financial crisis.

Please allow me to launch a call for all our countries to overcome those challenges and for us together to end the AIDS epidemic by 2030. That will be a significant contribution to achieving the Sustainable Development Goals. Achieving those ambitious goals will require us to be innovative and to forge our solidarity at the global and regional levels.

On behalf of my country, I renew our commitment to continue the fight against HIV and AIDS and to adhere to the vision of eliminating the epidemic by 2030. I wish the Assembly every success.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Abdelmalek Boudiaf, Minister for Health, Population and Hospital Reform of the Republic of Algeria.

Mr. Boudiaf (Algeria) (*spoke in Arabic*): Once again, it is clear, as we are participating in the 2016 high-level meeting on ending AIDS, that the United Nations attaches a great deal of importance to the fight against AIDS. That is seen in the willingness of the international community to renew its determination to respond to the challenge at the highest level. The fact that we have all gathered here today also speaks to the General Assembly's desire to regalvanize that entire process and to fast-track the response to AIDS over the next five years in order to ensure that the world is on the right track towards ending this epidemic by 2030.

First and foremost, I would like, on behalf of the President of the Republic of Algeria, Mr. Abdelaziz Bouteflika, to thank Mr. Mogens Lykketoft, the President of the General Assembly, and Secretary-General Ban Ki-moon for this initiative. I would also like to commend the presence here at this gathering of senior representatives of States Members of the United Nations, from its specialized institutions and agencies and from civil society, all of whom have journeyed here to reaffirm their commitment to the future of the AIDS response and to underscore the importance of the role that getting this right can play in the overall attainment of the Sustainable Development Goals.

This high-level meeting is an opportunity for me to reaffirm solemnly here before the Assembly this afternoon, the political commitment of my country to resolutely pursue its response to AIDS and make Algeria a proactive stakeholder in the process of tackling AIDS, and to do so through our contribution to international efforts and through sharing our own experiences. As I am sure everyone is very well aware, the response to AIDS, despite the tangible results that we achieved within the framework of the Millennium Development Goals and despite scientific progress remains, a veritable challenge for our health-care systems. As a result, we must continue with our unwavering commitment to tackle AIDS and provide a proper response to this epidemic.

This high-level meeting already constitutes an opportunity to accelerate our activities, to intensify our efforts and to hold fast to the course set to end this epidemic by 2030. Moreover, the mobilization we are calling for is aimed at removing persistent obstacles, particularly those linked to the high costs of medicines and of the new technologies available. Those costs pose a heavy burden, all the more so for the countries of the global South. The mobilization we are calling for is also aimed at removing obstacles to universal access for all, in particular vulnerable populations. We need action, we need to ensure sustainable financing sources through innovative national and international funding models and we must also engage in tackling all forms of discrimination and stigmatization.

Algeria has made undeniable progress in the fight against AIDS. Nevertheless, it remains a national priority, all the more so as we seek to tackle risky sexual practices, to address the low level of take-up of protection and also to deal with the phenomenon of cross-border migration. All of those represent further factors of vulnerability that we have duly taken into account. It means that we cannot let down our guard. Our response to AIDS is clearly enshrined in the framework of international commitments and objectives that we have signed up to, such as the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, of June 2011 (resolution 65/277), backed by political will in Algeria, which is repeatedly reiterated and which is reflected in the comprehensive, all-out mobilization of the Government and all stakeholders, particularly civil society, and a multisectoral response framed by a prime-ministerial executive decree.

As part of our response, we continue to cover health-care costs for the response to HIV/AIDS up to 95 per cent; in other words, the State bears 95 per cent of the HIV/AIDS response costs. Part of this coverage is explained by the provision of free health care to all persons living with HIV/AIDS and the strengthening of partnerships with agencies of the United Nations system, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS). Our national

response is based on results-based planning and built around the recommendations of UNAIDS. We have already integrated the 90-90-90 targets as a priority in our own 2016-2020 strategic plan to combat HIV/AIDS. The approach that we have adopted has allowed us to record encouraging results, which puts us in a position to be able to say that ambitious targets can indeed be met if we deliver universal, free-of-charge and guaranteed access for all preventive and remedial services.

For our own part, levels of coverage in terms of the delivery of antiretroviral treatment had reached a little over 85 per cent as of 2015. Furthermore, Algeria's contribution to international efforts to tackle HIV/AIDS takes the form — within the framework of our high-level partnership with the United Nations sister agencies, particularly UNAIDS — of the organization of two high-level regional meetings over the last few years. The first such high-level meeting took place in 2014 and focused on women leaders and the response to AIDS in the Middle East and North Africa region. The goal of that meeting in 2014 was to make headway in gender equality, twinning that with an effective response to AIDS as part of the Arab strategic framework for the response to HIV and AIDS and the post-2015 development agenda. The meeting culminated in the adoption of the document known as the Algiers Call to Action.

The second meeting that we hosted took place in 2015 and was on fast-tracking HIV screening in our region. That meeting, framed by its understanding of the 90-90-90 targets, defined a new strategic approach calling for a revolution in screening practices in the region by sharing and taking on board best practices and by making available the latest technology and innovations. That led to the Algiers declaration, which identifies screening as a fundamental step in extending treatment. The Algiers declaration called for urgent action to be taken to accelerate levels of screening in the region in order to achieve the objectives of the 90-90-90 programme by 2020.

It is crucial, for the success of this meeting, to take into account regional and national contexts as we engage in our deliberations, given that the decade which just ended laid bare the scale of the vulnerability of many of our countries to socioeconomic shocks that arose in the aftermath of different events, such as the global financial crisis, conflicts and the migration crisis, all of which add to the burden of the HIV/AIDS epidemic and the woes represented by poverty and inequality, both within and between countries. It is essential in our approach that we analyse the interdependence of problems linked to health, poverty, human rights and the environment, but that we also duly take into account and respond to the growing scarcity of budgetary resources. Aware that we have arrived at a critical crossroads, Algeria, commensurate with the common African position, with which we align ourselves, believes that more than ever before, in order to guarantee our populations the right to health, dignity and the ability to thrive on a sustainable basis, we must share our experiences in the transfer of technologies in and the development of partnerships — all to uphold global solidarity and ensure the smooth functioning of sustainable financing mechanisms. We have to align our priorities so as to allow a tailored response that is commensurate with regional and national targets and needs.

The meeting rose at 6.20 p.m.